

NHS Improving Quality in collaboration with NHS England

NHS services - open seven days a week: *every day counts*

Hospital Appt. 2pm



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“This jewel, this precious, marvellous NHS”

It would be useful if our traumas and crises limited themselves to office hours. Life would be simpler and safer if we only suffered strokes or multiple traumas, if we only found lumps or pee'd bloody urine, or if we only had heart attacks, mental health crises and babies from Monday 9am to Friday 5pm. But our illnesses and conditions don't limit themselves to office hours. So why does the NHS?

And the thing that keeps coming up is that if we were starting this thing from scratch – this jewel, this precious, marvellous NHS – we wouldn't design a part-time system.

Clearly, the four and a half day system creates inconvenience we have become used to - taking time off work to see a GP or consultant, or to accompany a relative or neighbour; hospitals spending half of Monday 'warming up' systems and machines, and dealing with the backlogs and crises that built over the weekend.

But it creates distress too. What are we to do out of hours? With a lump, a failed insulin pump, a teenager self-harming?

And everyone 'knows' that if you're in hospital over the weekend everything goes quiet - tests can't be authorised because there aren't any consultants, they can't be carried out because the machines are turned off, or the labs aren't staffed; nothing is signed off, and you can't be discharged because no-one can contact GPs, District Nurses or social care agencies. And that's before we get into the 'poor experience' of feeling neglected or unsafe because of low staffing and the absence of experienced staff.

But much worse, much more frightening, is the increasingly compelling evidence that five-day working costs lives. That your chances of dying are increased significantly because of the simple fact that you arrived there on a Saturday (an 11% increased risk of dying) or, even worse, on a Sunday (a 16% increased risk).

And measuring the dead is only one aspect. What of the many who've survived but who've had worse outcomes than if they had been admitted on a weekday - delayed diagnoses and treatment, more complications, longer stays and more re-admissions?

So, what to do?

We need to find a way of doing something sensible and obvious, but fantastically difficult. This begs two questions:

Question 1: **How can we take on the extraordinary challenge of integrating services into a seamless, consistent, high-quality seven-day service?**

Question 2: **Actually, how can we not?**



Fiona Carey, Cancer patient and patient representative

Foreword by Sir Bruce Keogh

It is nearly two years since NHS Improvement published a collection of case studies in *Equality for All: delivering safe care seven days a week*, to illustrate how seven day services were being designed and delivered in the NHS.

We now know that across the country, more hospitals, primary and community care organisations and social care services are working together to face this challenge and address the link between poorer outcomes for patients and the reduced level of service provision at the weekend. We also know that patients and the public want us to act now to make seven day services a reality in all part of our NHS.

Earlier this year, I established the *NHS Services, Seven Days a Week Forum* to give all NHS commissioners the insight and evidence they need to move the NHS towards routine services being available seven days a week. The findings from the first stage of the Forum's review, which has focused on urgent and emergency care services, will be published by the end of the year.

That is just the start, and the scope of the Forum's review will quickly widen to include consideration of a fully integrated service delivering high quality treatment and care seven days a week. This important publication from NHS Improving Quality includes case studies providing practical examples of where organisations and teams have already started to implement this type of change to the delivery of their services.

Working across the whole of the health and care system to find solutions that are both clinically and financially sustainable will require innovation, commitment and collaboration. I hope that the experiences of the organisations and teams featured in this publication will be useful to all organisations as they seek to change services to give patients the treatment and care they need seven days a week.



Professor Sir Bruce Keogh
NHS Medical Director

Introduction

The delivery of seven day services across England is a priority for NHS England and the NHS Improving Quality (NHS IQ) partnership.

NHS IQ is supporting this priority through the development of a three to five year, Seven Day Services Improvement Programme aimed at ensuring equity in care for patients regardless of the day of the week, through supporting the spread of new models of seven day services across the NHS at scale and pace.

This will be a key improvement for the 21st century, and the NHS could potentially lead the world in its ambition to provide equality of access to high quality and safe healthcare seven days a week.

Building on the case studies which were presented in *Equality for All: Delivering safe care - seven days a week*¹, this publication provides further evidence of what can be achieved by sharing the learning that is emerging from across the NHS.



¹ NHS Improvement (2012) *Equality for All: Delivering safe care - seven days a week* available at: www.nhs.uk/resources/search/publications/nhs-imp-seven-days.aspx

Patients and the public want the NHS to change

There is a compelling case for healthcare services to be accessible seven days a week, to avoid compromising patient care, safety and patient experience.

Growing media coverage² and evidence has highlighted how the lack of continuity of care over the weekend period can have significant consequences for patients, carers and their families³.

“

I was lucky, but shouldn't every one of us have the best chance possible, no matter what time of day or day of the week it is?”

Patient representative

View full story at

www.nhs.uk/clinical-experience/improvement-programmes/acute-care/seven-day-services.aspx

- Reduced service provision throughout hospitals, including fewer consultants working at weekends, is associated with higher weekend mortality rates⁵
- Patients do not always experience equity in access to the optimum treatment or diagnostic test. This can result in delays to their treatment that can contribute to less favourable clinical outcomes⁴
- Emergency admissions activity at weekends is around a quarter lower than the rest of the week.³
- Significant variations exist in patient outcomes and service arrangements, both between hospitals and also within hospitals depending on whether the patient is admitted on a weekday or weekend.³

² www.guardian.co.uk/society/2013/may/28/death-risk-higher-nhs-fridays
Sunday Times Article, Sunday, 14 July 2013

³ Dr Foster Intelligence. Inside your hospital. Dr Foster hospital guide 2011–2011.

⁴ Freemantle N, Richardson M, Wood J, Ray D, Khosla S, Shanian D, Roche WR, Stephens I, Keogh B, Pegano D (2012): Weekend hospitalization and additional risk of death: An analysis of inpatient data J R Soc Med 2012 Feb;105(2):74-84

⁵ NHS England (2013) The evidence base from the urgent and emergency care review Available at: www.england.nhs.uk/wp-content/uploads/2013/06/urg-emerg-care-ev-bse.pdf

“

Seven day care is about having a service that gives me care, any day of the week, that meets my needs to maximise my recovery and well-being whilst keeping me safe.

Patient

”

Across England, services across hospitals, community and social care have started to implement changes and have demonstrated the benefits for patients and carers. Many organisations are empowering staff to make improvements and drive forward seven day services.

Case studies demonstrating these improvements are available at:

www.nhs.uk/everydaycounts7ds

NHS services, open seven days a week

Seven day service provision is about equitable access, care and treatment, regardless of the day of the week. The level of service provided should ensure that the patient has a seamless pathway of care when accessing services no matter what day of the week.

Assessing the access to the different range of levels of provision seven days a week is a key starting point (Figure 1).

Figure 1. Levels of service provision*

Level 0 – Five days a week e.g. Monday to Friday, 9am - 5pm, 8am – 4pm (routine eight hours service)

Level 1 – Monday to Friday at departmental level, extended hours e.g. 8am – 8pm

Services limited to one department or a service that is beginning to deliver some services beyond 8am - 6pm Monday to Friday services. This could be extended working days and some weekend services however, does not deliver equitable services irrespective of the day of the week.

Level 2 – Services are delivered seven days a week, but limited range of services on a Saturday and Sunday

Services that are delivered seven days per week, but not always offering the full range of services that are delivered on week days. This limited range of services goes beyond “on call” and emergencies only and facilitates some clinical decision making and discharge, though is likely to be one service and not integrated with other service delivery, (e.g. pharmacy services offering a limited range of services with several staff available, radiology offering weekend lists for inpatients).

Level 3 – Services offered seven days a week with several departments working together to provide services across the organisation

A whole service approach to seven day service delivery that requires several elements to work together in order to facilitate clinical decision making or treatment, often covering more than one workforce group (e.g. stroke services integrating acute stroke clinicians, imaging, specialist nurses, TIA clinics, thrombolysis).

Level 4 – An integrated seven day service across the organisation

A whole system approach to seven day service delivery by integrating the requirements for elements of seven day services across more than one speciality area (e.g. across several departments and services within an acute trust, integration of several services across health and social care to reduce admission to the acute sector).

*The levels of service are levels of provision and should not be interpreted as levels of progression. Some services may only need to be provided at agreed levels e.g. Level 1.

What to do before moving to seven day services

TOP TIPS

- ➔ **Assess** where you are, using the seven day service self-assessment toolkit. www.nhs.uk/7ds-toolkit
- ➔ **Plan** what service(s) you need to deliver over seven days
- ➔ **Focus** on the bigger picture and understand what seven day services involve
- ➔ **Involve** other departments, organisations; get to know the key people and improve your communication, engagement and integration – work as a team
- ➔ **Engage** patients and the public early in the process – find out what they want and expect
- ➔ **Understand** your local needs, test assumptions, identify drivers and enablers for change and test new ideas
- ➔ **Apply** a systematic improvement approach and capture the benefits and learning to help engage others
- ➔ **Listen**, learn and share
- ➔ **Focus** on what you can do and have courage, remember this is about a better clinical service and access for patients

Every organisation and community will have a different starting point for developing seven day services, dependent on an understanding of local needs across their health and care economy.

As shown by the case studies in this publication, a number of NHS organisations have developed seven day services in response to a range of service requirements.

→ Inpatients Lifts
 → Stairs 
 Seven Day Services

Hospital Departments

Acute Medical Unit (AMU)	1	Fracture Clinic	LG
Adult Inpatients ⇄	16	Friends of UCLH	G
Adult Inpatients ⇄	13		2
Adult Inpatients ⇄	14	Mortuary	LG
Adult Inpatients ⇄	10	Nuclear Medicine	5
Acute Surgical Unit (ASU) Short Stay Ward	6	Operating Theatres	3
Adult Inpatients & HASU	7	Outpatients	1
Adult Inpatients ⇄	8	PALS	G
Adult Inpatients ⇄	9	Patient Affairs	G
Imaging & Endoscopy	2	Pharmacy +	G
Blood Tests	1	Harley Street @ UCH	15
Surgical Reception	1	Sterile Services	4
Café ☕	G	Radiotherapy	B
Cashiers	G	Therapies & Rehabilitation	LG
Chaplaincy	G	Day Surgery Unit	2
Children's Inpatients ⇄	11	Voluntary Services	G
Critical Care	3	X-ray	
Discharge Lounge	G	Young People's Unit	

Model of provision	Improving the patient experience	Organisations
Single point of access for mental health patients in crisis, 24/7, 365 days	Reducing delays in access to services	Northumberland Tyne and Wear NHS Foundation Trust
Integrated approach across health and social care, providing care closer to home for frail and older patients	Improving the patient experience	Aneurin Bevan Health Board, Blaenau Gwent County Borough Council, Caerphilly County Borough Council, Monmouthshire County Council, Newport City Council and Torfaen County Borough Council
Access to imaging and reporting seven days a week	Reducing delays in treatment and improving bed usage at weekends	Salisbury NHS Foundation Trust Royal Liverpool & Broadgreen University Hospitals NHS Trust University Hospitals Leicester NHS Trust Royal Free London NHS Foundation Trust Papworth NHS Foundation Trust
Access to consultant outpatient clinic and diagnostic services seven days a week	Preventing admissions to hospital	University Hospitals of Leicester NHS Trust
Telemedicine provides 24/7 thrombolysis for stroke patients in remote and rural areas	Improving access to treatment	Lancashire and Cumbria Heart and Stroke Network
Clinical decision making and treatment of acute stroke	Reducing delays in diagnostics, treatment and rehabilitation	University Hospital of North Staffordshire NHS Trust
Nurse led triage, assessment and treatment of GP referrals to avoid unnecessary acute admissions	Reducing inappropriate admissions to hospital	Pennine Acute Hospitals NHS Trust - Royal Oldham Hospital
Seven day physiotherapy service to enhance recovery	Reducing variation in mortality and improving recovery rates	South Tees Hospitals NHS Foundation Trust - James Cook Hospital
Social care presence on acute medical unit, seven days a week, improves discharges from hospital	Reducing delays in discharge of patients from hospital	Epsom and St Helier University Hospitals NHS Trust, and Surrey County Council Adult Social Care
Patients being able to die in the place of their planned choice when services are not available seven days a week	Improving patient choice	Rowcroft Hospice Devon/South Devon Healthcare NHS Foundation Trust

LEVEL 3

Seven day service provision within an organisation

24/7 telephone service reduces delays in access to the right service to meet service user mental health needs and support... time to listen time to care

Northumberland Tyne and Wear NHS Foundation Trust operate a single point of access initial assessment response team for service users with any mental health issues. This telephone service was developed in response to an audit that demonstrated that only 35% of mental health crisis calls required intervention, while 45% were for advice and signposting.

“The availability of a telephone referral line means that in some cases people can avoid the anxiety of attending the accident and emergency department - which is a huge bonus. We are all about giving the best help, or signposting them to where they will find it.”

Service Manager

- Single point of access to a telephone help line enables triage of patients to the most appropriate service, 24 hours a day, seven days a week
- Direct GP referral and self-referral option for patients, as well as their carers, friends or family being able to refer them too, with the client's knowledge
- Rapid response (within one hour) home visit for face to face triage, risk/mental health monitoring, signposting, brief therapeutic interventions, managing distress
- Multidisciplinary team clinical involvement supported by remote information technology
- Medication access to out of hours GP service to manage presenting symptoms, or signpost to service users own GP

This service now enables all patients to have timely access to professionals within one hour and access to the appropriate service. 100% of patients and families surveyed reported that they felt more confident in the system and better supported. 100% of GPs surveyed reported that their calls were responded to quickly (average response of nine seconds) and satisfied that their needs were met.

Spreading an older people mental health intermediate support model across Lancashire

Lancashire Intermediate Support Team (IST) provides a rapid response service to older people with mental health needs for up to eight weeks in the own home or usual place of residence. This model has been rolled out across Lancashire. There are three teams operating 12 hours a day, seven days a week. The team has been successful in averting hospital admissions and reducing lengths of stay. Of those people seen by the team, 94% were discharged sooner and none were readmitted within 28 days.

Also see how mental health intermediate care teams in Nottinghamshire have prevented hospital admissions and released 45 acute mental health beds – see page 39 for further details.

LEVEL 4

Seven day services
integrated across
several departments
/organisations

Providing care closer to home for frail and older people

The Pan Gwent Frailty Programme is a seven day integrated health and social care support model for vulnerable elderly people, people with long term conditions and individuals with health and social care or housing needs. The emphasis is on preventing unnecessary hospital admissions, discharging patients from hospital at the earliest opportunity and providing care in the community, wherever clinically appropriate.

There is also a protocol in place with Wales Ambulance Service, meaning that paramedics can refer patients to the Pan Gwent frailty community service as an alternative to Accident and Emergency.

Achievements include:

- User and carer feedback has been overwhelmingly positive due to a focus on enabling frail people to remain independent and having their needs considered holistically, rather than on a condition led basis.
- Fall in readmission rates for chronic conditions to 13% (compared with average 15% across the rest of Wales)
- Reduced A&E presentations
- Improved pathway for paramedics managing falls, freeing up time and availability to respond to other calls.

Redesigning acute care for older people seven days a week – so who said that seven day services are more expensive

At Sheffield Teaching Hospitals NHS Foundation Trust, seven day service provision was a key solution in helping to improve patient flow of frail and older people through the emergency care pathway. Bed occupancy for emergency care for older patients has now reduced by more than 60 beds - see page 34 for further details.

Improving access to diagnostics seven days a week - reduces delays in treatment and facilitates earlier discharge

LEVEL 2

Seven day services, limited provision on a Saturday and Sunday

At Salisbury University Hospital the implementation of a seven day imaging service has allowed requests to be dealt with in a timely manner, improving reporting turnaround and making advice from radiologists more readily available. Outsourcing of overnight Computer Tomography (CT) has enabled extended working days and weekend working to meet the increasing demands for imaging. Staff work a 12 hour day time shifts seven days a week.

Service changes include provision of on-site radiologists at weekends (9.30am to 12.30pm) and every week day evening until 8pm to provide:

- Advice and reporting for emergency and inpatient examinations
- Plain film reporting for emergency and inpatient admissions as well as for GPs
- Dedicated MRI appointments for patients suspected of suffering transient ischaemic attacks
- Urgent CT scans are undertaken at weekends by the MRI radiographers, who are all trained in both imaging modalities
- Visiting CT/MRI mobile van services are used to address capacity shortfalls
- On call systems - radiologists have protected rest periods
- Urgent ultrasound scans are available at weekends.

Service changes have led to the ability to provide stroke inpatient and outpatient services seven days a week, as well as improving timely diagnosis, treatment and discharge as a result of improved reporting turnarounds. CT reporting within one working day has improved from 60 to 90%, as well as sustained improvements in plain radiology and MRI reporting of greater than 70%.

Interventional Radiology 24/7 services provision

A baseline survey of acute trusts (NHS Improvement, 2011/12), identified variation in IR service provision across England. Interventional radiology departments were asked to self-assess their service provision based on whether a formal on-call consultant rota and agreed formal pathway of care were in place. Improvement work resulted in an increase in the extent of 24/7 provision across England. Maps demonstrating variation in formal 24/7 rota service provision and case studies of how organisations have overcome challenges in service delivery can be found in "Towards best practice in Interventional Radiology" NHS Improvement (June 2012) available at www.nhs.uk/nhsiq/8796.aspx



At Royal Liverpool and Broadgreen University Hospitals NHS Trust, the endoscopy service is delivered seven days a week in response to increasing elective and emergency demand.

The Trust operates a week day 12 hour service (three sessions per day), scheduled single sessions at weekends used solely for in-patients to facilitate discharge and an on call 24/7 rota for gastroenterology emergency endoscopy service.

- Waiting times for outpatient endoscopy has improved from in excess of 13 weeks to five weeks
- Patients now have a greater choice of appointments when seen as an outpatient
- Reduction in the number of endoscopies undertaken by the on call staff during the week and weekends

Productive Endoscopy

The 'Productive Endoscopy Series' is a set of self-directed learning resources that will help all staff working in endoscopy units to make better use of existing resources, and deliver a more efficient and effective service to patients seven days a week. For further information visit www.nhs.uk/7923.aspx

LEVEL 2

Seven day services,
limited provision
on a Saturday
and Sunday

24/7 access to endoscopy specialists for patients suffering from suspected gastric bleeding

University Hospitals Leicester NHS Trust developed a comprehensive out of hours endoscopy service, seven days a week, for patients requiring an endoscopy for suspected upper gastrointestinal bleeding.

- Service provided 24/7
- Gastroenterologist supernumerary from the medical on call rota
- In reach out of hours on call service – 12 hours a day one consultant and two senior nurses
- Shared reporting across three hospital sites
- Endoscopists provide a one in ten consultant on call service
- Average intervention rate of 17% for variceal bleeding and adrenaline injections

This service was developed in response to an untoward incident and an audit to define the workload of an out of hours service. The indication, timing, findings, intervention and outcome of procedures were audited from 2006:

- 83% of procedures were for gastroscopy
- 63% of the gastroscopies were performed for gastro-intestinal indications
- Over the five years out of hours endoscopies had increased where no pathology was found with over 90% being returned to their base ward.

A likely contributory factor reported was that the increased shortage in medical beds had led to more routine work being undertaken out of hours to expedite discharges.

These improvements also lead to improvements in the elective inpatient services which now operate at weekends. An on-site service operates 9am to 1pm which has enabled earlier clinical decision making and improved discharges at weekends and reductions in delays.

24/7 Endoscopy specialist service provision

A recent survey by NHS Improving Quality and The British Society of Gastroenterology identified current weekend provision as being variable across the 152 endoscopy units, with some, but not all, providing seven day services.

More case studies are available at:
www.nhsiq.nhs.uk/7923.aspx

LEVEL 2

Seven day services,
limited provision
on a Saturday
and Sunday

At the Royal Free London NHS Foundation Trust a 24 hour seven days a week microbiology service has been developed in response to managing demand. Historically, staffing issues led to between 100 -150 samples being discarded after the weekend because they were too old to process. Repeating the sample could involve time tracing the patient or contacting the GP and a delay in the patient's diagnosis and treatment.

A new three shift system of working was developed which included changing staff roles, retraining of staff and appointment of more associate practitioners to enable a more flexible pool of staff that could work across all areas of the service. Despite rising activity this has been managed within the same budget and sustained.

- Blood cultures are now processed more quickly and doctors are able to make treatment decisions earlier. More effective MRSA screening services (three hours molecular and 24 hour culture) has helped to achieve more effective treatment planning and bed management
- A new system for histology bronchial samples is currently being tested. In theory, pneumocystis pneumonia (PCP) results could be confirmed in 1.5 days compared to five days for a histology result; therefore treatment can commence or be stopped sooner, giving a better patient experience and outcome as well as financial efficiencies



At Papworth Hospital NHS Foundation Trust cardiac physiologists now work 12 hours shifts seven days a week, as well as an on call night rota, to provide a Primary Percutaneous Coronary Intervention (PPCI)/ Heart Attack service seven days a week.

This was in response to increased service emergency and elective demand for service. As a result all patients admitted to hospital on a Friday can be investigated and treated over the weekend and discharged earlier from

hospital, rather than waiting until the Monday.

This model of service provision is now being considered for the cardiac physiologist rota for echocardiogram outpatient services.

The British Cardiovascular Society, in conjunction with other specialist bodies and with NHS IQ, is currently working on a report commissioned by the Chief Scientific Officer and the NCD for cardiovascular disease, to make recommendations on sustainable and affordable models of cardiac physiology scientific services to meet future demands including seven day service provision.

Physiological sciences 24/7 service provision

There is significant variation in the provision and access to many physiology diagnostics and services across the eight clinical specialties. The provision of services outside of the traditional working week is very limited, most models of seven day service provision are predominantly to provide 'out of hours', and Saturday and Sunday cover via an 'on call' service, rather than a shift based model to provide full seven day provision. Ongoing work with NHS IQ will involve further scoping of some of the issues in priority areas

Cardiac physiological diagnostics are fundamental to emergency and acute care and to delivering improved cardiovascular outcomes. There is already, for example, on call cardiac physiology support for catheter laboratories and for primary cardiac angioplasty and other emergency interventions. However, for other tests such as echocardiography there is limited provision outside of the traditional working week. From the recent Healthcare Scientific survey 92.3% of respondents, in 40 Cardiac Physiology Departments, believe there should be delivering services seven days a week however, there was minimal evidence of 'whole department' cardiac physiology service provision.

LEVEL 3

Seven day
service provision
within an
organisation

Access to rapid access 'one-stop' outpatient services seven days a week prevents admission to hospital

At University Hospitals of Leicester NHS Trust, a consultant led seven day rapid access one-stop Transient Ischaemic Attack (TIA) outpatient service enables patients to be assessed and receive appropriate investigations, diagnosis and treatment seven days a week.

- Consultant led clinic, 8am to 6pm, seven days a week
- GP referrals are made by fax or direct phone call to the clinic with appointments issued immediately if the patient is still with the referrer
- Clinic staffed with clinical aid and clinic clerk
- Diagnostics performed in clinic - vascular technicians provide carotid doppler ultrasound, radiographers provide MR on weekdays or CT weekends
- Any medication prescribed immediately
- Lifestyle adaptation counselling given
- Patient given GP letter outlining diagnosis and treatment, printed and faxed immediately to the GP

Prior to this, patients were only seen Monday to Friday and often admitted to hospital if at high risk. As a result, the percentage of Transient Ischaemic Attack (TIA) cases with a higher risk of stroke who are treated within 24 hours has increased from 13% in 2010/11 compared to 74% in 2012/13, across two CCGs. Nurses, healthcare assistants, clinic aides and vascular technicians are all integral to the delivery of the seven day specialist service.



Telemedicine enables 24/7 physician assessment, diagnostic, treatment and management of patients across remote and rural areas

The Lancashire and Cumbria Stroke Network has enabled six acute Trusts to deliver 24/7 thrombolysis for patients suffering a stroke in a rural area. Telemedicine takes the physician to the patient rather than moving the patient to the physician.

Telemedicine enables:

- Access to a stroke specialist 24/7 to assess the patient
- Stroke physicians review the CT head images
- Physician confirms the diagnosis, assesses the severity of the stroke, and excludes a haemorrhage on the CT head scan.

Development of the system involved:

- Partnership working and collaboration. It crosses multiple organisations, NHS Acute Trusts, PCTs and private companies (Virgin Media, Imerja Ltd, Multisense Communications)
- Co-operation from multiple departments, disciplines and individuals within those organisations
- Cross boundary working for all the stroke physicians on the rota
- Radiology clinical leads and imaging managers had to implement next slot CT scans for patients in-hours and within 60 minutes out of hours
- Training radiographers to perform the scans, some sites to develop 24 hour working patterns deployed the IT infrastructure to 16 homes and eight acute sites
- Development of an Acute Stroke CT Training and Assessment (ASTRACAT) programme for the timely interpretation and assessment of stroke patients by the Stroke Physicians, therefore reducing the necessity of involving the on call radiologist at local sites and streamlining the stroke pathway.

LEVEL 4

Seven day services
integrated across
several departments
/organisations

Clinical decision making and treatment of acute stroke – reducing delays in diagnostics, treatment and rehabilitation

University Hospital of North Staffordshire NHS Trust has improved access to the stroke team, diagnostics, treatment and rehabilitation for all patients with a stroke by developing integrated working across the whole health economy seven days a week.

Services provided:

- Provision of thrombolysis for acute stroke 24/7
- Stroke Early Assessment multi-professional Team (SEAT), which operates 14 hours a day seven days a week, to identify patients in A&E and ensure faster access diagnostic test and management on the stroke unit
- Early supported discharge teams now work 12 hour shifts, seven days a week, to facilitate discharge and ensure that appropriate care packages are in place to support people at home
- One budget with one manager, which has enabled teams to work together to remodel the workforce to meet patient needs
- More effective rehabilitation goal setting has been achieved by nursing and therapy teams working together more effectively.

Achievements include:

- Seventy five percent of patients now return to their normal place of residence
- Reduction in average length of stay on the acute stroke ward from 15 days in 2007/08 to 5 days in 2012/13
- Savings released through reduced length of stay and reduction in care packages have been reinvested into the service for medical and staffing infrastructure costs.

LEVEL 2

Seven day services,
limited provision
on a Saturday
and Sunday

Nurse led triage, assessment and treatment of GP referrals to avoid unnecessary emergency/acute admissions

Responding to the rising number of inappropriate admissions, Pennine Acute Hospitals NHS Trust has developed an Advanced Nurse Practitioner (ANP) role to take all referral calls from General Practitioners (GPs). The ANP can provide advice, accept the patient into the Ambulatory Care Unit for investigations or admit the patient to an alternative service. GPs also have access via a hotline directly to the acute physician for advice.

- The ANP triage model operates 12 hours a day, seven days a week
- Reduction in the number of inappropriate admissions to Assessment Medical Unit
- Reduced attendance at A&E
- Virtual ward process for patients discharged
- Reduction in waiting times to see doctor
- 69% (308 of 449) of patients seen in the Ambulatory Assessment Unit were discharged

LEVEL 3

Seven day service provision within an organisation

Seven day physiotherapy service to enhance recovery

Physiotherapy teams at South Tees Hospitals NHS Foundation Trust have implemented seven day physiotherapy services, across all surgical specialties, as an integral component of Enhanced Recovery (ER) Pathways. Patients now receive an equitable service seven days a week which enables patients to get better sooner.

- Physiotherapy assistant practitioner posts (band 4) work seven days a week to support rehabilitation for all elective surgical patients
- A twilight physiotherapy service for intensive care and high dependency care to meet peaks in clinical demand
- Seven day Rapid Response community services, incorporating physiotherapy seven days a week as part of a multidisciplinary team to facilitate discharge.

As a result:

- Patients have earlier access to goal directed mobilisation and discharge sooner
- Average length of inpatient stay has reduced – reduction from 10.6 to 8.3 days for those patient operate on a Friday compared to other week days
- Cardiac thoracic surgery - 426 bed days have been released which has reduce waiting times for elective surgery
- Qualified physiotherapists have been freed up to focus on patients with more complex needs.
- Patients surveyed identified improvement patient preparation for surgery, 88% of patients surveyed understanding their mobility goals and reporting high level of satisfaction with service.

Enhanced Recovery Care Pathways

Enhanced Recovery⁶ is a quality pathway with identified steps where marginal gains can be made to improve patient experience and outcomes. The starting point is the five P's:

- Primary care 'fitness for referral' for common conditions e.g. anaemia – managing the risk
- Patient involvement: Shared decision making
- Prehabilitation, assessment and care planning
- Pain relief, fluid management, anaesthetics
- Preparation for and effective discharge

The principles of ER as a good quality pathway are being extended into emergency care, maternity care, and acute medicine. The future challenge is to ensure all patients get the same standards of care seven days a week.

For further information: www.nhs.uk/enhancedrecovery

⁶ NHS Improving Quality (2013) *Enhanced Recovery Care Pathway, A better journey for patients seven days a week and a better deal for the NHS - Progress Review (2012/13) and level of ambition 2014/15.* www.nhs.uk/resource-search/publications/nhs-imp-seven-days.aspx



Social care on acute medical unit, seven days a week, improves discharges from hospital

Epsom and St Helier University Hospitals NHS Trust has a 56 bedded acute medical unit across two wards with 16 assessment beds, and 40 short stay beds designed for patient hospital stays of up to 72 hours. The unit is staffed by a multidisciplinary team that consists of acute physicians, social care practitioners, physiotherapists and occupational therapists. The social care team has been co-located within the assessment unit and take a lead role in daily meetings to facilitate discharge

- The social care team lead the daily multidisciplinary team seven days a week to manage the discharge process from the point of admission to hospital
- Daily meeting of senior members of the team meet together at a 'noon huddle' and discuss the progress of patients on the assessment unit
- Average length of stay for patients discharged from acute medical unit has been reduced from 15 to 2 days
- Social care have an 'open door policy', staff no longer have to process lengthy referral forms to social care, patients are seen within the day of referral – this has enabled a more person focused care delivery
- This model of seven day social care service is now working across Surrey County with four hospitals since November 2012

LEVEL 3

Seven day
service provision
within an
organisation

Patients at end of life have a dignified death at home supported by a 24/7 Hospice at Home service

“It was invaluable when you called day or night, there was a voice at the end of the phone and someone with you as soon as possible”

Carer in Torbay

The South Devon Hospital at Home service established by Rowcroft Hospital provides 24/7 service to support patients and their families where there is a sudden deterioration and the patient is too unwell to move from their home. 400 patients are seen per year, this has doubled since original service provision.

69% of referrers said that the service had reduced admissions to hospital. 84% of patients died at home in their preferred place of care and 7% were cared at home until they could be transferred to their desired place of care. Added to this, informal carers have increased confidence in their caring role and there has been improved quality of life, as well as the promotion of dignity and self-worth for patients.

www.rowcrofthospice.org.uk/hospiceathomeservice

Information Desk

S D S Day Seven Services

Clinic 2014

Patients and the public - get them involved

TOP tips

- ➔ Make the links with your local HealthWatch, patient forums and patient groups and ask for their advice
- ➔ Review patient complaints, incidents and consider the root causes
- ➔ Process map the patient journey over seven days, find the waits, delays and good practice (look at your last ten patients as a starter)
- ➔ Keep the service patient focused, centred and value patients' time
- ➔ Use compelling patient and public stories to evidence the need for change and to engage others
- ➔ Engage with patients and the public continuously involve them in the redesign of services
- ➔ Patients play a key role in their own care seven days a week – listen to their ideas
- ➔ The benefits of seven day services affects everyone's contribution to society
- ➔ Remember seven day services are required by all patients - both elective and emergency

Patients bring a unique perspective to developing new ideas and ways of working. Involving them in the beginning, along with carers and the public, can provide a rich picture of what health and care is really like. Their input is crucial to ensure that the best possible solutions are reached to meet needs, expectations and preferences.

“

We needed the whole system on board and we consulted early and created a culture of incremental steps that create momentum, it was a gradual process... we kept talking to people.

Medical Director

Northumbria NHS Foundation Trust

Foundation Trust Members and Governors - identify need, inform design and proposals for seven day services

Birmingham Community Healthcare NHS Trust has used its 15,000 strong membership group to engage local people in service development and redesign proposals.

All service improvement plans are sent to members and the Trust asks for volunteers who may have a particular interest in a certain aspect of service to join a service design forum, so that they can be involved and can contribute their ideas, views and feedback.

Large scale, formal public consultation exercises

Northumbria Healthcare NHS Foundation Trust underwent a major redesign programme to achieve a consultant led service across 10 inpatient and 20 outpatient sites. To support these changes, the Trust first led a major consultation programme to hear the views of patients, the public and staff. The consultation, which ran for a year, covered an 89 mile radius, and relied on a number of methods to gain wide and far reaching views:

- 60 community based meetings were held
- Flyers were sent to all households, outlining the proposed changes
- Consultation with local MPs, GPs and ambulance services
- Regular staff engagement forums
- Mechanisms to capture regular public and patient feedback.

Apply a systematic improvement approach

TOP tips

- ➔ Use a systematic improvement approach
- ➔ Define and articulate what your vision and ambition is for seven days services
- ➔ Collect baseline information to identify the need for seven day services
- ➔ Draw on a range of perspectives - patients, clinical, non-clinical, managerial and look at the inter-dependences, including finance, workforce, human resources and public services
- ➔ Process map and really understand your current service – look at access, sequencing of steps, benefits and impact, capacity and demand
- ➔ Develop a common shared purpose of meaning and goals
- ➔ Identify your champions and leaders
- ➔ Test out your ideas and models of seven day services care and evaluate the benefits and look out for any unintended consequences
- ➔ Continuously capture and measure the benefits
- ➔ Take a whole systems approach – avoid silos, remember you want to spread good practice

A trust wide strategic approach to develop seven day services

At the Heart of England NHS Foundation Trust, following the inception of seven day services across therapy staff and acute care physicians, there is now a Trust wide seven day services strategy in place, which aims to achieve equality of outcomes and of standards of care throughout the week. The project team responsible for delivering the strategy includes clinical and operational leads from all departments within each directorate, and is accountable to a programme board.

The Trust's starting point was to build capacity before next winter to give more resilience to safely cope with any surge in emergency activity. Each directorate has performed a gap analysis of provision of seven day services, and has put in place plans to move towards seven day services, which are overseen and monitored by the Trust board.

Data dashboards have been developed to monitor improvement metrics, these include:

- Mortality rates
- Length of stay
- Readmission rates
- Number of discharges.

LEVEL 4 *

Seven day services
integrated across
several departments
/organisations

Applying a systematic improvement approach to services required over seven days

Health and social care agencies in Bristol worked together in partnership to launch a 'do and learn' project in and around the emergency department and medical wards at Bristol's central hospital, the Bristol Royal Infirmary.** A 'seven day action team' was formed with clinicians, managers and commissioners from both the hospital and community health and social care providers to systematically review and test what services would be needed over seven days to help ensure 'equal care every day'.

- Performed a 'Friday and Saturday fact finding audit'
- 454 patients across 19 wards in the Bristol Royal Infirmary were audited on a Friday afternoon to assess what services (within and outside of the hospital) would have enabled their care to be progressed over the weekend
- A 'front door' audit within the Emergency Department (ED) on Saturday morning, to identify what additional services could have helped prevent hospital admissions

Gaps in service provision were identified which formed a plan for action. Over three weekends the team ran 'Plan-Do-Study-Act' (PDSA) cycles, each of which was planned a month apart, to test out some changes and interventions such as, having a senior nurse visit medical wards to identify patients suitable for discharge and having GPs working within Accident and Emergency. The week after each cycle, patients were 'tracked' to see what impact the changes had made and the team either revised or re-tested those changes during the next weekend PDSA cycle.

Having taken a detailed look at the whole system this has enabled the Trust and community providers to really understand what services need to be in place over seven days, to ensure positive and consistent patient experience and improved patient flow across the week. Testing out changes in a systematic way has also provided evidence of impact, helping build the case for change going forward. For the teams involved, starting small helped them to see what is possible, and generated enthusiasm to change.

*Working towards level 4 as there has been an integrated approach to testing work undertaken to date.

**This included: Bristol Community Health, Bristol Clinical Commissioning Group, University Hospitals Bristol NHS Foundation Trust, Bristol City Council, South West Commissioning Support Unit, Bristol Intermediate Care Service, and Bristol, North Somerset and South Gloucestershire Urgent Care Board.'

Capture and measure the benefits

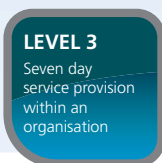
Top tips

- ➔ Keep metrics simple - measurement is not always easy
- ➔ Identifying the impact will depend on your starting position
- ➔ Metrics can include:
 - Patient expectations
 - Clinical standards
 - Value for money
 - Patient outcomes
 - Continuity of care
 - Support for junior doctors
 - Wider social and economic impact
 - Measurement of improvement
 - Patient experience
 - Mortality rates
 - Length of stay
 - Readmissions
 - Admission avoidance
 - Incidents
 - Complaints
 - Response times
 - Discharge times
 - Activity levels
 - Audits against local standards
 - Workforce satisfaction.

“

We have saved 50 unnecessary nil by mouth days as our patients now start to eat and drink more quickly and don't have to wait till Monday before a speech and language therapist would come into the hospital.

Speech and language therapist”



Redesigning acute care for older people seven days a week – so who said that seven day services are more expensive?

At Sheffield Teaching Hospitals NHS Foundation Trust, seven day service provision was a key solution in helping to improve patient flow of frail and older people through the emergency care pathway.

Analysis of hospital data showed that more than a third of beds were occupied by patients over 75 years and an increasing number by patients over 90 years old. Weekly audits of the geriatric medicine wards, using a tool developed by the nurses to measure 'waste' bed use, revealed that only 50% of these patients were receiving acute specialist medical, nursing or therapy care. The other half were waiting for discharge downstream into a range of services, primarily including intermediate health and social care services outside the hospital.

The team identified, tested and have implemented a range of changes, designed to improve patient flow, reduce waste and improve the quality of care. These included:

- Matching specialist medical capacity to patient demand
- 16 Consultants agreed (in just one day) to change their job plans to seven day working
- Moving from a traditional "post-take" working pattern to a responsive "on-take" system
- Seeing patients in real time, on admission, identified the requirement to pool junior doctors
- Developing a Frailty Unit - establish an MAU focused on frail older people
- Taking initial steps to merge inpatient with some elements of outpatient care
- Putting in place a multidisciplinary assessment team
- Speeding up discharge - switch to a model of 'discharge to assess'

Results have been very positive:

- A 37% increase in patients that can be discharged on the day or following day, with no increases in the readmission rate, implying that patient outcomes have not been adversely affected by the faster throughput
- Bed occupancy for emergency care for older patients has also reduced by more than 60 beds. This allowed two wards to be closed
- A decrease of in-hospital mortality for geriatric medicine of around 15%. At a notional bed day cost of around £300 per day there could be an estimated cost saving/avoidance of around £3.2m per annum. This level of saving is largely theoretical and has yet to be realised

The new system is popular with local GPs. So who said that seven day services are more expensive?

The importance of leadership and teamwork at all levels

TOP tips

- ➔ Team working and leadership at all levels, including clinical, managerial and executive level, is crucial for success
- ➔ Early and continuous consultation with workforce, Human Resources and professional groups
- ➔ Strategically plan delivery across the whole health and social care economy
- ➔ Involve commissioners early in the discussions
- ➔ Work collaboratively with your other local organisations and join up the thinking between health and social care
- ➔ There is not a one model fits all approach
- ➔ A locally owned, integrated approach is the way to success

Leadership and team working at all levels of a service and an organisation have been identified as critical factors in enabling the spread and adoption of seven day services at scale across the health economy.

Executive leadership

Having executive sign up and leadership from all organisations across a local health and social care economy can build a common vision and purpose for delivering seven day services, allowing collaborative working at all organisational levels, as well as joint management of risk.

The 'Joined up Health and Social care Cabinet' in South Devon and Torbay gives an example of how executives, managers and clinicians across a number of health and social care organisations can come together to jointly agree a vision, identify improvement priorities for the whole system, and work in partnership to manage and overcome any risks to delivery.



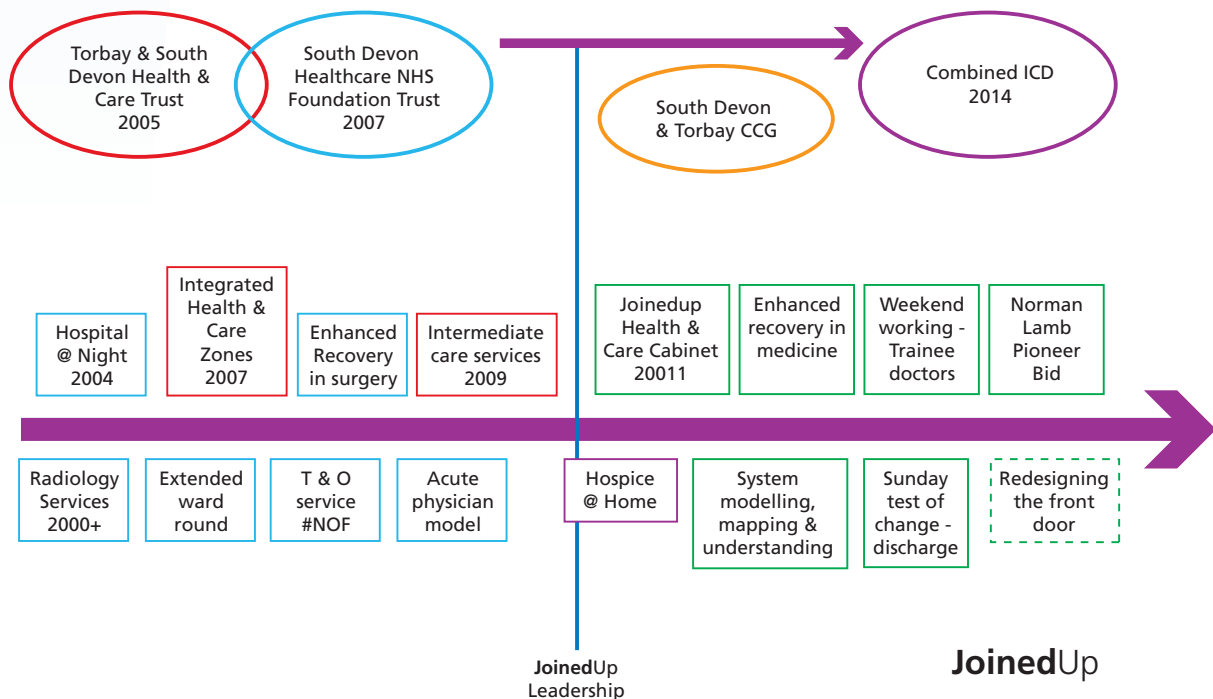
Joined up South Devon and Torbay Health and Care Cabinet integrated approach to seven day services

Building on the successes of seven day services established to date, including radiology and reporting, hospital at night, integrated hospital and home care, intermediate care services, acute care physician model and trauma and orthopaedic services (see Figure 1), South Devon and Torbay have established a governance structure to help them take forward further development of seven day services.

Chaired by the Medical Director of the acute trust, the Joined up Health and Social Care Cabinet is made up of executives and clinicians from across all local healthcare trusts, GPs, Social Care, Health and Wellbeing Boards, Healthwatch and public health. It enables those organisations and representatives to jointly manage barriers and risk to delivering more effective services seven days a week, so as to improve the quality and safety of care for patients.

The cabinet agrees priorities for service improvements by jointly identifying variations and problems in healthcare across the whole health economy system and developing improvement plans to test. Newsletters are produced to keep all stakeholders informed of work and how they can get involved.

Figure 1. Torbay and South Devon Journey



Clinical leadership

Clinical leadership at all levels within organisations is needed to support changes in clinical behaviours, to encourage effective team working and incentivise staff to work differently for the benefit of the patients, and to make sure that there is ownership for finding solutions to particular issues.

Clinical leadership is also about making sure that patients have access to early senior clinical decision making, so that decisions about their diagnosis and care are made promptly, and so that there's no delay in their care, treatment, recovery and discharge. Ensuring the availability of senior clinical decision making seven days a week is key to avoiding unnecessary admissions, making sure that the right tests are ordered, and that patient pathways are optimised.

Some organisations have implemented acute care physicians in medicine to enable consultant led inpatient ward rounds seven days a week.



I had a simple referral on Friday from oncology, for blood transfusion and platelets. I should have been discharged Saturday morning. I was still in Sunday morning because nobody had the authority to decide whether I could be discharged.

Patient experience story



Consultant led ward rounds seven days a week

LEVEL 2

Seven day services, limited provision on a Saturday and Sunday

In 2007, Heart of England NHS Foundation Trust implemented acute care consultant led medical ward rounds seven days a week. The Trust supported the increase of consultant staff from six to ten consultants, which has enabled a consultant led multi-disciplinary ward round seven days a week for all emergency admissions within 24 hours. The model, which is also supported by therapy staff, provides an outreach service to enable patients to return home with the required services and equipment in place.

Team working

Team working across traditional organisation boundaries is an essential component of successfully delivering seven day service models. A number of organisations have described how this has been achieved to provide co-ordinated care for patients across the whole system.

Doncaster integrated working – health and social care in partnership



Doncaster Metropolitan Borough Council, Rotherham, Doncaster and South Humber NHS Foundation Trust and Doncaster and Bassetlaw NHS Foundation Trust, have worked together to look at how they could improve patient outcomes and experience by improving discharge processes, preventing hospital readmission and reducing direct admissions into long term nursing care on discharge from hospital. Two integrated service models have been introduced.

The first of these has been redesign of the discharge pathway. All patients who are admitted are now entered onto a computerised system ('I-tracker') with an estimated date of discharge set within 24 hours. Healthcare professionals, including GPs can log into the system at any time to see where a patient is in their pathway of care, and identify reasons for any delays to their discharge. Patients who are able to be discharged are referred into a single point of contact, enabling prompt discharge and assessment within their own home within two hours. More complex patients are referred to an integrated health and social care discharge team, which works across boundaries seven days a week.

The result has been a reduction in direct admissions into permanent care from hospital and a saving of 4,176 bed days over a nine month period.

The second change that has been introduced is a multidisciplinary rapid assessment programme team, focused on admission avoidance within the Emergency Department and the Medical Assessment Unit, with acute physician consultant cover across the seven days. Since introducing this service, 76% of patients within the Emergency Department or Medical Assessment Unit have had an admission avoided, following an assessment and an alternative community based package of care put in place.

Working across boundaries to support seven day services in mental health care



Nottinghamshire Healthcare NHS Trust, Nottinghamshire County CCGs and Nottinghamshire County Council Social Care has a community mental health team in place, which works across care settings. The team manages the care of older people with both dementia and other mental health conditions.

The local GPs have found this helpful as they have 'one place to go' to refer older patients for mental health care. The service operates seven days a week (7am to 9pm) and is staffed by healthcare support workers and professionally registered mental health nurses. The expansion into community helps improve patient discharge and so reduce length of stay, and enables the service to operate across the whole system. Implementation of this model across five CCGs has enabled closure of 45 acute mental health beds in Nottingham.

Workforce modelling – innovative opportunities, new ways of working

Continuous consultation with workforce and a culture of openness can help facilitate the willingness of staff to want to do the right thing for patients, and build enthusiasm, support and ownership for change. A variety of models exist to enable the provision of seven days services through workforce redesign. Some organisations have invested to save through implementation of acute care physicians who can help facilitate earlier discharge and admission avoidance, others have looked at skill mix within a range of clinical staff. Developing seven day service models may not always require financial investment. There are examples of organisations that have found creative solutions to support changes in working patterns.

Top tips

- ➔ Workforce remodelling does not always mean more money
- ➔ Engage with Clinical Commissioning Groups (CCGs) to identify levers to support delivery of seven day services
- ➔ View organisation competition as an opportunity not a risk



People's lives don't happen on a five day basis they happen on a seven day basis.



Clinician

Engaging with workforce to redesign urgent and emergency care pathways

University Hospitals South Manchester NHS Foundation Trust engaged extensively with staff to help formulate tests and implement seven day services to acute internal and general medicine services. Over a number of months conversations with staff were held to identify what and how improvements could be made.

This helped build agreement and consensus around what changes were needed to deliver high quality care over a seven day period. Proposals put forward by clinicians were brought together into a single proposed service model, and this was presented to staff to initiate a consultation process, which then ran for six weeks and included dialogue with staff from across the entire organisation. At the end of the six week period, people's views were taken on board and used to refine the new care model.

Early findings from implementation of the seven day consultant led multidisciplinary ward rounds and the integrated emergency assessment teams are positive. There has been a 20% increase in the discharge of patients admitted to the medical assessment unit and a reduction in the number of patients on non speciality wards.

Changing the way we work in therapy services seven days a week without additional investment

Heart of England NHS Foundation Trust's model of seven day therapy services has been set up at no additional cost. Across the whole Trust, this has been achieved by utilisation of the out of hours on call budget to enable the development of a comprehensive and flexible therapy bank service. Integral to this has been an early and continuous three year engagement and consultation exercise with therapy staff and the inclusion of managers working alongside therapists to ensure they feel supported. This model has generated a large amount of interest from other organisations around the country.

South Tees Hospitals NHS Foundation Trust has developed a physiotherapy assistant practitioner role to support rehabilitation seven days a week for patients on an enhanced recovery pathway⁷. The requirement for weekend physiotherapy was evidenced by an audit highlighting that up to a third of patients could have been assessed, treated and discharged by staff with different skills and competencies. As a result, patients have more timely access to assessment and rehabilitation, average length of stay has reduced by two days and qualified physiotherapists have been freed up to focus on patients with more complex needs.

⁷ Available at: www.nhs.uk/enhancedrecovery

LEVEL 2Seven day services,
limited provision
on a Saturday
and Sunday

Developing a flexible pool of radiology workforce to support clinical decision making and discharge seven days a week

At Northern Lincolnshire and Goole Hospitals NHS Foundation Trust, CT, MRI, general radiology and ultrasound are operational seven days a week at the Grimsby and Scunthorpe hospital sites. Initially, this was in response to clinical service reviews and recommendations, such as the Network Vascular Review, Network Major Trauma review and the NHS Yorkshire and Humber Stroke Services Accreditation. Latterly, the diagnostic services were reconfigured to support other clinical groups operating within the Trust, to enable more timely clinical decision making and diagnosis and in turn lead to more effective discharge planning. Previously there was inconsistent provision of seven day diagnostics services across the sites with a reliance on staff volunteering to work additional hours. This was both expensive and unreliable for the hospital site.

A larger pool of more flexible staff is now available to meet the demands as a result of:

- Staff moving from a locally agreed on call payments to an out of hours three session day shift system
- A protection period was offered to staff to ensure they receive no income loss during the protection period
- Development of a local competency package for those staff wanting to move from general radiography to CT/MRI
- More sonographers trained and supported by local radiographers - course fees are supported
- Contracts of all staff now include working across the two main sites, and both days and nights
- Staff in CT, MRI and general radiology rotate through modality areas to support maintenance of skills
- Additional staff recruitment.

The service reconfiguration strategy was developed by:

- Review of the number of staff required to deliver safe and effective diagnostic imaging services
- Capacity and demand analysis to help understand how services could be delivered to support waiting times and patient choice
- Review of skill mix of staff at all levels to ensure career opportunities
- Review and development of staff contracts and shift systems (including the on call service).

The strategy went through a 90 day staff and public consultation exercise prior to implementation in June 2013. The widening of access does bring in additional income to the Trust as more diagnostics are being undertaken per week, income therefore off sets expenditure on staffing.

LEVEL 4*

Seven day services
integrated across
several departments
/organisations

Junior doctors join forces to change working activities at weekends using an improvement methodology to more effectively manage workload

At South Devon Healthcare NHS Trust junior doctors Foundation Year 1 (F1) and Foundation Year 2 (F2) working across assessment units in medicine and surgery, decided to work together to streamline working activity to improve flow of patients through medical and surgical pathways.

Junior doctors and staff on the wards identified that there were delays in timeliness from request to completion of certain tasks which effected quality of care, safety and patient experience and outcomes. The delays were more common for medical patients. There were a smaller number of foundation doctors to cover wards at weekends. Tasks were split into separate medical and surgical lists with variation and disparity in the number of medical and surgical F1 tasks.

Using a quality improvement approach supported by a consultant surgeon and the Trust quality lead, the doctors tested whether combing the F1 (surgical and medical) ward cover role at the weekends to cover F1 surgical and medical tasks was more effective than the current system.

Following the test cycle they found that there was:

- Faster completion of F1 tasks, allowing them to deliver care more holistically
- Better experience of F1s with better teamwork
- Ward staff were more satisfied
- Patients had more effective and efficient care
- Better communication with ward teams.

“

When doctors arrived... they did all the jobs [medical and surgical] meaning patients were not left for hours in pain or without fluids.

”

Ward Nurse

*Currently testing working towards level 4.

Some organisations, for example, Northumbria Healthcare NHS Foundation Trust, have also looked at how they can embed changes in working patterns to sustain delivery of seven day service models. For example, by building seven day service provision into recruitment, job planning and appraisal processes. This can help create a sense of common purpose to underpin organisational delivery.

Consider the interdependencies for seven day service delivery

Seven day services can be perceived as only being about increasing consultant presence seven days a week. But, increasing presence of one professional group may not optimise the care or flow of patients across the system. Similarly, changes in one part of the care pathway and service provision can affect another part of the pathway and services. Taking a whole system approach will help to avoid unintended consequences.

There needs to be capacity within the whole system and identifying early on the inter-dependencies is crucial to success. It is important to consider the whole picture including services such as pharmacy, diagnostics, transport, GP, access to information, administration, medical records, portering, security, telephonists, equipment loans, social care, public transport and catering services.

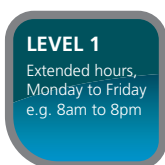


We decided to run an outpatient clinic on a Saturday, we arrived to find patients waiting in the corridor..... the doors were locked, we forgot to tell security.

Clinician

Top tips

- ➔ Remember to check the external and internal interdependences
- ➔ Ensure you include ancillary, administration, facilities, external support services as well as clinical



Seven day pharmacy services

At Oxford University Hospitals NHS Trust extended weekend opening hours and a pharmacy residency service were introduced in 1991. This provides 24/7 timely advice on all aspects of medicines use and supply of urgent and emergency medicines, including discharge medicines. The service has been constantly reviewed and modified to meet changes in demand and service configuration whilst maintaining the principle of providing equitable and consistent pharmacy services irrespective of day of week or time of day.

The main pharmacy department is open from 8am to 5pm, Monday to Friday and 10:30am to 2pm, Saturdays, Sundays and bank holidays. Outside of these hours pharmacists provide a 24 hours service seven days per week with resident pharmacists working on site until midnight and then on call from home via a radio-page overnight; the maximum response time of 30 minutes.

Health care staff now have consistent services irrespective of the day of the week or time.

This service enables:

- Staff to access non-stock medicines from the emergency drug cupboards, on all sites; although some items also require prior authorisation from the resident pharmacist
- Timely discharge of patients as urgently required discharge medicines and treatment regimes are available 24 hours a day
- Earlier facilitated discharge for patients as discharge drugs can be made available more quickly, leading to reductions in length of stay for patients
- Continuity of drug therapy and treatment for patients as pharmacist more available to give advice
- Consistent application of formulary management, drug expenditure control and medicines safety protocols whenever the medicines are prescribed or administered.

Pharmacy is considered a core clinical and out of hours service for delivery of safe quality of care for patients seven days a week.

Summary



Patients who are admitted to hospital believe that they are entering a place of safety, where they, their families and carers, have a right to believe that they will receive the best possible care. Yet there is evidence to the contrary. Patients who are unwell, or become acutely unwell in hospital, may receive suboptimal care.

Dr Mary Armitage, Guideline Development Group Chair, Royal College of Physicians



The spread and adoption of seven day service models at scale and pace across England will require courage, commitment and collaboration across the whole health and social care system.

This publication, along with the NHS Improving Quality Seven Day Services Improvement Programme and the Seven Day Services Self Assessment Baseline Toolkit, provides the first step to support organisations and their teams to deliver services seven days a week, so they can improve patient outcomes and experience.

Working in partnership NHS England and NHS Improving Quality will support organisations across England to further build the body of evidence on the benefits of seven day services for patients. This is a quality driven improvement approach that aims to ensure equity in care for all regardless of the day of the week, because... **every day counts**.

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Acknowledgements

Case study organisations

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Heart of England NHS Foundation Trust

Lancashire and Cumbria Heart and Stroke Network

Lancashire Care NHS Foundation Trust

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust

Northumberland Tyne and Wear NHS Foundation Trust

Northumbria Healthcare NHS Foundation Trust

Nottinghamshire County CCGs

Nottinghamshire County Council Social Care

Nottinghamshire Healthcare NHS Trust

Oxford University Hospitals NHS Trust

Papworth Hospital NHS Foundation Trust

Pennine Acute Hospitals NHS Trust

Rotherham, Doncaster and South Humber NHS Foundation Trust

Rowcroft Hospice/South Devon Healthcare NHS Foundation Trust

Royal Free London NHS Foundation Trust

Royal Liverpool and Broadgreen University Hospitals NHS Trust

Salisbury NHS Foundation Trust

Sheffield Teaching Hospitals NHS Foundation Trust

South Devon Healthcare NHS Trust

South Tees Hospitals NHS Foundation Trust

Torfaen County Borough Council

University Hospital of North Staffordshire NHS Trust

University Hospital South Manchester NHS Foundation Trust

University Hospitals Bristol NHS Foundation Trust

University Hospitals Leicester NHS Trust



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