

7 Day Service Standards

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Proud To **Care**
Make It **Happen**
We Value **Respect**
Together We **Achieve**

10 Standards

1. Patient experience
2. Time to first Consultant review
3. MDT Review
4. Shift Handovers
5. Diagnostics
6. Intervention/Key services
7. Mental Health
8. Ongoing review
9. Transfer to Community, Primary Care and Social Care
10. Quality Improvement

4 Priority Standards – March 2018

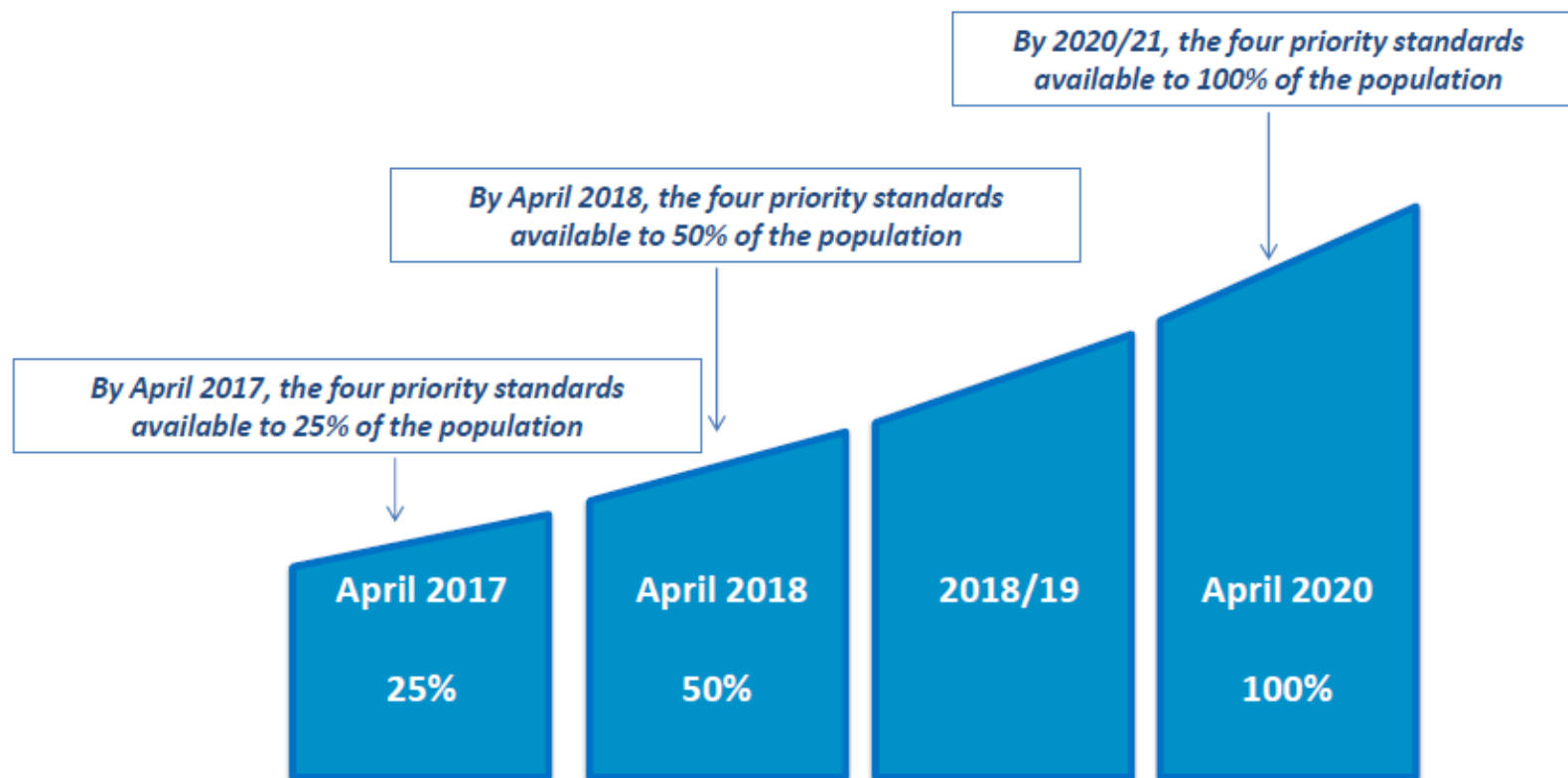
2. Time to first Consultant review

5. Diagnostics

6. Intervention/Key services

8. Ongoing review

7 day services in hospitals - milestones



National Progress

Clinical Standard	March 2017 7DS survey headlines	Areas for improvement
Standard 2 – time to first consultant review	Performance improvements since September 2016 in 62% of trusts. Majority of trusts meeting this standard for over 70% of their patients.	In spite of progress not enough trusts achieving the standard for 90% of their patients. Renewed focus on this standard in next survey, covering service improvements and better record keeping.
Standard 5 – access to diagnostics	Overall good performance – CT and microbiology available 7 days at all trusts, vast majority compliant with Upper GI endoscopy and Ultrasound.	Issues with weekend echocardiography and MRI provision. Echo working group to look at these issues and MRI being tackled through network approach.
Standard 6 – access to interventions	Further improvements and majority of trusts meeting this standard overall. Almost all trusts delivering 6 of 9 interventions on a 7 day basis.	Issues with weekday and weekend interventional radiology in some areas. Some trusts require further work to formalise network arrangements for some interventions.
Standard 8 – ongoing consultant-directed review	Further improvements since September 2016 in 34% of trusts. Almost half of all trusts meeting this standard on a 7 day basis.	Specific issue of once daily weekend review being low compared with both weekdays and with twice daily reviews. Further work needed to build capacity and systems to ensure appropriate weekend reviews.

What's it about?

- Doing the right thing for patients rather than introduction of standards
- The “weekend effect” on mortality
- Improving patient experience

The Northumbria Story...

- History 1998 merger of 3 hospitals to 1
- Started their journey in 2004
- Created a culture where it was the 'right thing to do'
- 500,000 population
- Delayed Transfer of Care – 0 hours

The Northumbria Story cont'd

- Re-design of smaller 'ology' services
 - hub and spoke models to Newcastle
- Trust Clinically Led
- Mini-skills for Physicians every year
 - teach junior doctors to do chest drains
- Facilitated Discharge
 - 'Ticket Home'

The Northumbria Story cont'd

- Invested in Ambulatory Care
- On-call 8 am-8pm extended hours in 2004
- Only commitment
 - Every patient to be seen by a Consultant every day
- Predictable and manageable way of working
- Night nurse practitioners
 - Trained to level of FY2 doctor

Grow a New Workforce

- Advanced neonatal nurse practitioners, level II
- Night nurse & nurse practitioners (we trained them)
- Advanced critical care practitioners
- Surgeons assistants
- Nurse anaesthetists
- Specialist nurses
- Clinical pharmacists
- Co-located out of hours service
- GP clinical directors 2013
- Nurse associates
- Physician's assistants
- Dispensing pharmacists
- Midwife/ Gynaecology Sonographers
- And more...

Wolverhampton Story..

- Journey started in 2010
- CCG investment of £1m
- Consultant expansion helped by disaggregation of Mid Staffs
- Trust Priority
- Led by Medical Director, COO and Project Manager
- Support from NHSi/NHSE/CCG

Wolverhampton Story...

Local Evidence

Gastro: Introduction of weekend Consultant ward rounds Q4 2010

	Q3 2010	Q1 2011
Weekend discharges /day	1.09	1.86
LOS for weekend discharges	10.4 days	7.7 days p=<0.05

Wolverhampton Story...

Local Evidence

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Wolverhampton Story...

The Future

What should the ward look like at weekend?

- Seniority of nurses
- More junior docs
- Ward clerks
- Pharmacy
- Visiting Community Services

What about external agencies?

Mental Health, Primary care, Nursing Homes, Residential Care Homes, Local authority

Innovative approach by UHNM

Priority Funding Bids

Division	Workstream	Definition & Objective	Year of Funding and Date of Commencement of Impact	Area of cost (FYE)	
				14/15	15/16
Surgery	EGS Operating & Anaesthetist	Emergency General Surgery afternoon Saturday & Sunday	Year 1 EGS Impact from Feb 2015	£290,000	
	Surgery ANP & SNP	To support flow and discharge at the weekend	ANP - Year 1 SNP - Year 2	£53,000	£192,000
Medicine	Diabetes Nurse Specialist	DNS to high impact areas	Year 1 & 2 (Impact of 1st phase)	£54,000	£74,000
	ANP's	Introduction of ANP 7 day working across the Medical Division (incorporates the bid from	Year 2		£192,000
	Oncology	To provide a Chemotherapy service on Saturday half capacity i.e. 12 chairs	Year 2		£274,000 (non-
	ED RAT	Enhanced HCSW to perform baseline diagnostic tests in ambulance triage.	Year 1	£125,000	
Women's, Children's & Clinical Support	Pharmacy 7 Day Working	The aim of this project is to extend the opening times of the pharmacy on a Saturday and	Year 1 Impact from December 2014	£167,00	
	Pharmacy Man with a Van	Introduce a transport service for patients medication to speed up discharge	Year 2 (can come from Year 1 slippage)		£30,000
	Imaging Sonographer	Additional US lists on a Saturday and Sunday. Impact from November 2014	Year 1	£50,000	
	Imaging Inpatient Flow	A dedicated porter, inpatient Co-ordinator & inpatient scheduler	Year 2 (can come from Year 1 slippage)		£144,000
Specialised	Stroke	To increase TIA Co-ordinator Service an discharge facilitator from 5 to 7 days.	Year 2		£32,000
	Therapies	To increase therapy provisions within named specialities:	Year 1 & 2	£220,000	£260,000
	Site Team	Implementation of an effective site structure	Year 1	£200,000	
				£1,159,000	£1,198,000
				£2,357,000	

Audits

- Twice yearly audits on 7 day services
- Random sample of approximately 230 sets of notes
- Results are published
- Latest results from March 2017...

Clinical Standard 2

Proportion of patients reviewed by a Consultant within 14 hours at admission

Survey		
September 2016	March 2017	September 2017
85%	71%	70%

NB: Methodology changes between September 2016 and March 2017 mean that data may not be 100% comparable between the two surveys. The changes relate to the validation of data entered – the 2017 survey requires each entry that has a validation error to be corrected before it is possible to submit the record

Clinical Standard 6

Do inpatients have 24 hour access to consultant directed interventions 7 days a week?

- either on site or via formal network arrangements?’

Service	Weekday		
	March 2016 Survey	September 2016 Survey	March 2017 Survey
Critical Care	Yes	Yes	Yes
Primary Percutaneous Coronary Intervention	Yes	Yes	Yes
Cardiac Pacing	Yes	Yes	Yes
Thrombolysis for Stroke	Yes	Yes	Yes
Emergency General Surgery	Yes	Yes	Yes
Interventional Endoscopy	Yes	Yes	Yes
Interventional Radiology	Yes	Yes	Yes
Renal Replacement	Yes	Yes	Yes
Urgent Radiotherapy	Yes	Yes	Yes

Service	Weekend		
	March 2016 Survey	September 2016 Survey	March 2017 Survey
Critical Care	Yes	Yes	Yes
Primary Percutaneous Coronary Intervention	Yes	Yes	Yes
Cardiac Pacing	Yes	Yes	Yes
Thrombolysis for Stroke	Yes	Yes	Yes
Emergency General Surgery	Yes	Yes	Yes
Interventional Endoscopy	Yes	Yes	Yes
Interventional Radiology	Yes	Yes	No
Renal Replacement	Yes	Yes	Yes
Urgent Radiotherapy	Yes	Yes	Yes

Clinical Standard 8

Proportion of patients receiving once or twice daily reviews – survey comparison

Survey	
September 2016	March 2017
78%	87%
91%	83%

NB: Methodology changes between September 2016 and March 2017 mean that data may not be 100% comparable between the two surveys. The changes relate to the validation of data entered – the 2017 survey requires each entry that has a validation error to be corrected before it is possible to submit the record

Progress at SaTH so far...

- Improved job planning over the past 4 years
- Prioritising emergency care within job plans
- Radiology
- Critical Care for RSH
- Therapies for # neck of femur/joint replacements
- Emergency general surgery and trauma surgery
- Paediatrics
- Obstetrics and Gynaecology

Financial Implications

- Healthcare Financial Management Association published document
 - Costing seven day services
 - Review of pilot sites
 - Estimated total net cost as % of all patient care income
 - 1.5-2% therefore for SaTH approximately £4.5 to £6 million

Financial Implications

- Costs are highest at smaller and rural Trusts as recruitment is more difficult
- Main cost driver is recruitment of additional Consultants which is unavoidable due to greater Consultant presence at weekends

Financial Implications

- Investment at the 'Front-end' – will pay for itself with a reduction in admissions and shortened length of stay
- Investment in 7 day services after admission is unlikely to be cost neutral

Financial Implications

- 7 day services is achievable, possibly expensive and unsustainable for current configuration of services but...
- Reconfiguration may substantially reduce cost by reducing duplication
- BUT our timeline for reconfiguration is 2022

Next Steps

- Invest in Consultants to see patients at the front door
- Return on investment = Close escalation and reduction in agency nurse costs
- Identify and prioritise investments that would improve flow and 4 hour performance
- Join up the current work to improve flow

Priorities for the future

- Board oversight
- Executive sponsors... Medical Director & COO
- Programme management
- Job planning software and robust job planning reviews
- Care group engagement

Priorities for the future

- Identification of services to deliver with next 2 years
- Identification of services which cannot deliver until
Future fit has completed
- Risk assessment and mitigation