7 Day Service Standards

Mark Cheetham,
Scheduled Care Group Medical Director

Sam Hooper
Medical Performance Manager
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
2. Time to first Consultant review

5. Diagnostics

6. Intervention/Key services

8. Ongoing review
7 day services in hospitals - milestones

By April 2017, the four priority standards available to 25% of the population

By April 2018, the four priority standards available to 50% of the population

By 2020/21, the four priority standards available to 100% of the population

April 2017: 25%
April 2018: 50%
2018/19
April 2020: 100%
# National Progress

<table>
<thead>
<tr>
<th>Clinical Standard</th>
<th>March 2017 7DS survey headlines</th>
<th>Areas for improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard 2 – time to first consultant review</strong></td>
<td>Performance improvements since September 2016 in 62% of trusts. Majority of trusts meeting this standard for over 70% of their patients.</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Standard 5 – access to diagnostics</strong></td>
<td>Overall good performance – CT and microbiology available 7 days at all trusts, vast majority compliant with Upper GI endoscopy and Ultrasound.</td>
<td>Issues with weekend echocardiography and MRI provision. Echo working group to look at these issues and MRI being tackled through network approach.</td>
</tr>
<tr>
<td><strong>Standard 6 – access to interventions</strong></td>
<td>Further improvements and majority of trusts meeting this standard overall. Almost all trusts delivering 6 of 9 interventions on a 7 day basis.</td>
<td>Issues with weekday and weekend interventional radiology in some areas. Some trusts require further work to formalise network arrangements for some interventions.</td>
</tr>
<tr>
<td><strong>Standard 8 – ongoing consultant-directed review</strong></td>
<td>Further improvements since September 2016 in 34% of trusts. Almost half of all trusts meeting this standard on a 7 day basis.</td>
<td>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.</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th></th>
<th>Q3 2010</th>
<th>Q1 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekend discharges /day</td>
<td>1.09</td>
<td>1.86</td>
</tr>
<tr>
<td>LOS for weekend discharges</td>
<td>10.4 days</td>
<td>7.7 days p=&lt;0.05</td>
</tr>
</tbody>
</table>
Local Evidence

Gastro: Introduction of weekend Consultant ward rounds Q4 2010

<table>
<thead>
<tr>
<th></th>
<th>Q3 2010</th>
<th>Q1 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weekend discharges /day</td>
<td>1.09</td>
<td>1.86</td>
</tr>
<tr>
<td>LOS for weekend discharges</td>
<td>10.4 days</td>
<td>7.7 days p&lt;0.05</td>
</tr>
</tbody>
</table>
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 UHN-M

#### Priority Funding Bids

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

**Total:** £1,159,000

**Total:** £1,198,000

**Total:** £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

<table>
<thead>
<tr>
<th>Survey</th>
<th>September 2016</th>
<th>March 2017</th>
<th>September 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>85%</td>
<td>71%</td>
<td>70%</td>
</tr>
</tbody>
</table>

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?’

<table>
<thead>
<tr>
<th>Service</th>
<th>Weekday</th>
<th>Weekend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Care</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Primary Percutaneous Coronary Intervention</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Cardiac Pacing</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Thrombolysis for Stroke</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Emergency General Surgery</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Interventional Endoscopy</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Interventional Radiology</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Renal Replacement</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Urgent Radiotherapy</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Clinical Standard 8

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

<table>
<thead>
<tr>
<th>Survey</th>
<th>September 2016</th>
<th>March 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>78%</td>
<td>87%</td>
</tr>
<tr>
<td></td>
<td>91%</td>
<td>83%</td>
</tr>
</tbody>
</table>

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