

Social Partnership Forum Strategic Group 8th December 2014

Update on NHS Services, Seven Days a Week.

Background

In June 2014, NHS England provided an update to the Social Partnership Forum on the work of the NHS Services, Seven Days a Week Forum.

Seven Day Services have the potential to address five key problems found in the health system:

- Excess mortality, reflecting variation in the safety and quality of care provided in all settings;
- Increased use of A&E, reflecting shortcomings elsewhere in the system that result in patients attending A&E;
- Re-admissions after discharge, reflecting problems with post-discharge care (especially out of hospital care);
- Poor patient experience of health and social care outside “core” care hours and at weekends; and
- Excess acute bed days, reflecting failures across the system to shorten stays and enable discharge.

The Board of NHS England, while acknowledging that there is no ‘one-size-fits all’ approach to implementing seven day services, committed NHS England to drive full implementation of ten clinical standards over the next 3 years, through the use of a range of incentives, rewards and sanctions.

These standards can be delivered for the local population without every hospital offering a full range of services on a seven day basis by developing new ways of working, for example in networks. This partnership working could take the form of the following models:

Centralised – A move towards a single, centralised point of delivery within one or multiple local health economies. E.g. London centralised stroke services through the use of Hyper Acute Stroke Units, staffed 24 hours a day by stroke experts.

Coordinated care delivery – coordinated and / or integrated working of teams (between or within providers and agencies, with either both or one lead provider or team providing seven days). E.g. Birmingham developed a 24/7 community rapid response service, utilising an integrated MDT with access to relevant specialists.

Virtual – The remote delivery of services to enhance care at home. E.g. Airedale Hospital trialled a telehealth hub for patients with long term conditions to provide 24/7 remote support.

Programme Deliverables

Putting Patients First, NHS England’s Business Plan for 2015/16 and 2016/17, sets out four deliverables which together comprise a 7DS Programme. These are :

1. *Support full implementation of the seven day clinical standards for urgent and emergency care services in acute settings by the end of 2016/17. Annex 1 sets out the timetable.*

An Implementation Programme Board has been established to ensure that implementation is taken forward as part of established operational routes and communications with the NHS. An Implementation Sub Group has clarified that at least 5 of the standards must be delivered in 2015/16. The Seven Day Services ambition has been reflected in local System Resilience Group plans. NHS IQ

is supporting this work, promoting the widespread use of a self-assessment tool and engaging with Early Adopter health and care economies.

2. *Develop metrics to measure delivery of the clinical standards in acute settings by December 2014.*

The Programme Board is supported by a sub-group which is focusing on developing a “balanced scorecard” of measurements to assess the progress of delivery in the NHS.

3. *Provide further insight, evidence and proposals for how primary, community and acute health services and social care systems can be better integrated at weekends to improve outcomes.*

The initial focus of the standards was on urgent and emergency medicine and surgery, but partnership across whole health economies is key. Findings from Early Adopters indicate that better alignment of primary, community (including mental health), acute and social care services across whole health communities can have a significant positive impact on the deliverability and affordability of Seven Day Services, and can go some way to overcome workforce constraints.

Alignment across primary, community and secondary health services, and social care will maximise the benefits of adopting the clinical standards, prevent admissions and support safe, timely discharge. The Five Year Forward View explains that the NHS will take decisive steps to break down the barriers in how care is provided, and seven day services will align with and build on that vision.

Current inputs to this deliverable include learning from the experience of Darlington, Durham and the Dales NHS FT in addressing barriers and challenges to 7DS; learning from the 13 Early Adopter health and care economies; and specific insights from National Clinical Directors for Frail Elderly and End of Life care, which are care pathways particularly likely to be affected by the absence of weekend services

4. *Model the financial impact of moving towards seven day services as part of the overall assessment of the financial impact of high quality care for all, for the future by October 2014.*

Deloitte has been commissioned to identify the service, workforce and financial impacts of implementation.

A major modelling exercise has been undertaken to compare the workforce and financial impacts of moving to a seven day service offer in an unchanged NHS configuration with the impacts in a “reconfiguration scenario”, containing a range of new configurations appropriate to the service being offered.

A range of options for implementation timescales, and for the introduction of alternative roles, such as Advanced Practitioners and Physicians Assistants, and the alteration of job scope and skill mix, are also being modelled.

NHS Pay Review Body

The NHS Pay Review Body (PRB) and Doctors’ and Dentists’ Remuneration Body (DDRB) have been asked to make observations on the barriers and enablers within the respective pay systems for delivering health care services every day of the week, in a financially sustainable way. This report has been requested by the Permanent Undersecretary of State for Health to inform a report that will eventually be presented to Ministers in June 2015.

The PRB has invited NHS England to contribute evidence by mid December addressing among other issues; which services should be provided on a seven day basis; what is currently provided; what

staff groups are needed; what pay or motivational barriers need to be overcome, and what evidence is there of willingness to change.

NHS England is preparing evidence to inform these reports.

Annex 1

The timetable and milestones for implementation of the clinical standards are set out below, and were published in Everyone Counts : Planning for Patients 2014/15 to 2018/19 and Putting Patients First, the NHS England business plan for 2014 /15 and 2016/17.

NHS England will ensure that:

- By March 2015 - local contracts include an Action Plan to deliver the clinical standards within the Service Development and Improvement Plan Section.
- By March 2016 - those clinical standards which will have the greatest impact are incorporated into the national quality requirements section of the NHS Standard Contract.
- By March 2017 - all clinical standards are incorporated within the quality requirements section of the NHS Standard Contract with appropriate contractual sanctions in place for non-compliance.

Health Education England has agreed that education contracts should include the availability of consultants to provide adequate supervision of doctors in training seven days a week, in line with the clinical standards. The CQC also supports the drive to implement seven day services across the NHS and is routinely asking acute trusts about their progress in this area as part of the new inspection process.