

Seven Day Services Update

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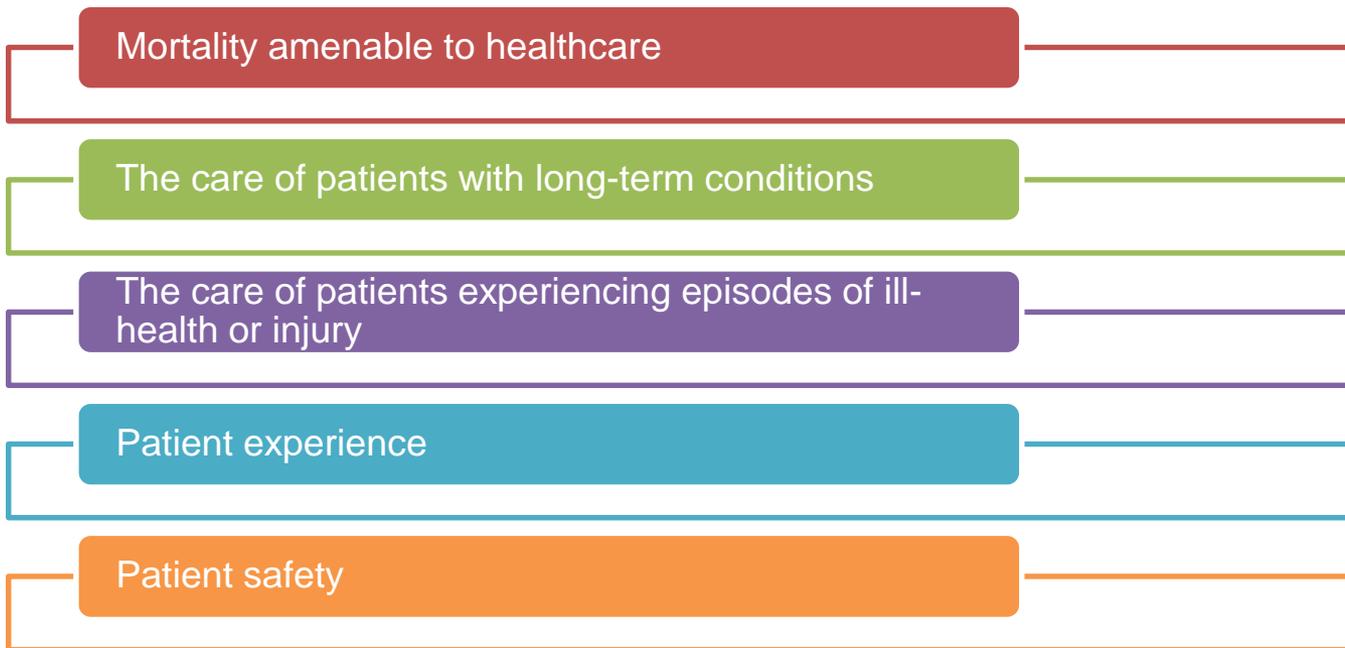


The Clinical Case Refreshed – Early findings from 2013/14 mortality re-analysis

- Compared with a Wednesday, the risk of 30 day mortality for those admitted on a Saturday is 10% higher;
- Compared with a Wednesday, the risk of 30 day mortality for those admitted on a Sunday is 15% higher, but now -
- Compared with a Wednesday, the risk of 30 day mortality for those admitted on a Friday is 2% higher;
- Compared with a Wednesday, the risk of 30 day mortality for those admitted on a Monday is 5% higher, indicating a clearer “weekend effect”.
- The weekend effect remains even if people who die within 3 days of admission are excluded
- While the overall number of patients admitted at the weekend is lower, the proportion of very sick patients is higher on average than during the week.
- The ratio of harm to no harm incidents increases at weekends.
- A more detailed series of supportive analyses is currently ongoing.

Impact on Outcomes

Provision of service focussed on 5 days, rather than 7 days of the week has an adverse impact on all 5 domains of the NHS Outcomes Framework. There is a negative impact on:



Government Commitment

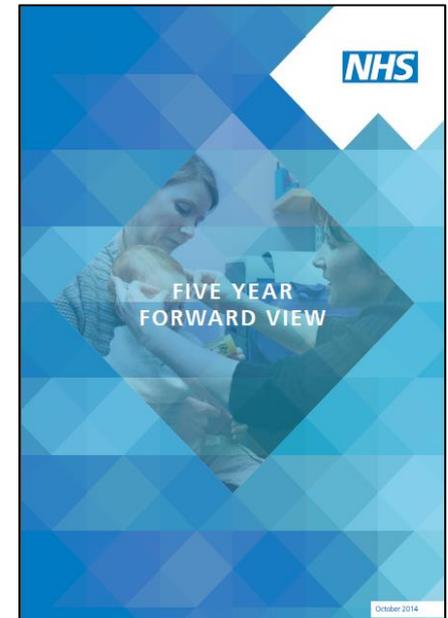
‘We will...ensure you can see a GP and receive the hospital care you need, 7 days a week by 2020’

‘...with hospitals properly staffed, so that the quality of care is the same every day of the week.’

Conservative Party Manifesto, 2015

NHS Five Year Forward View

‘To reduce variations in when patients receive care, we will develop a framework for how seven day services can be implemented affordably and sustainably, recognising that different solutions will be needed in different localities.’



NHS Services, Seven Days a Week Forum: Clinical Standards

10 Clinical Standards in Acute Care

1. Patient Experience
2. Time to first consultant review
3. Multi-disciplinary team review
4. Shift handovers
5. Diagnostics
6. Interventions
7. Mental health
8. Ongoing review
9. Transfer to community, primary and social care
10. Quality improvement

NHS Standard Contract

2014/15

- Each provider must agree with local commissioners, through a Service Development Improvement Plan, action to implement the 10 clinical standards

2015/16

- Providers must, through agreement with commissioners, make significant further progress towards implementation of at least five standards which will have the greatest impact locally

2016/17

- NHS Standard Contract is expected to require providers to comply with at least five of the ten Seven Day Service standards, with compliance with the remaining five standards required from April 2017 onwards

Integrated Approach

- 7DS should be an organising principle common to other efforts to reduce variation and improve quality of care
- This includes:
 - Improving patient access to general practice and out of hours care
 - Transforming urgent and emergency care
 - Integrating health with social care
 - Delivering new care models

Pay Review Body Evidence

NHS Doctors' and Dentists' Remuneration Body & NHS Pay Review Body invited NHS England and others to provide evidence on 7DS.

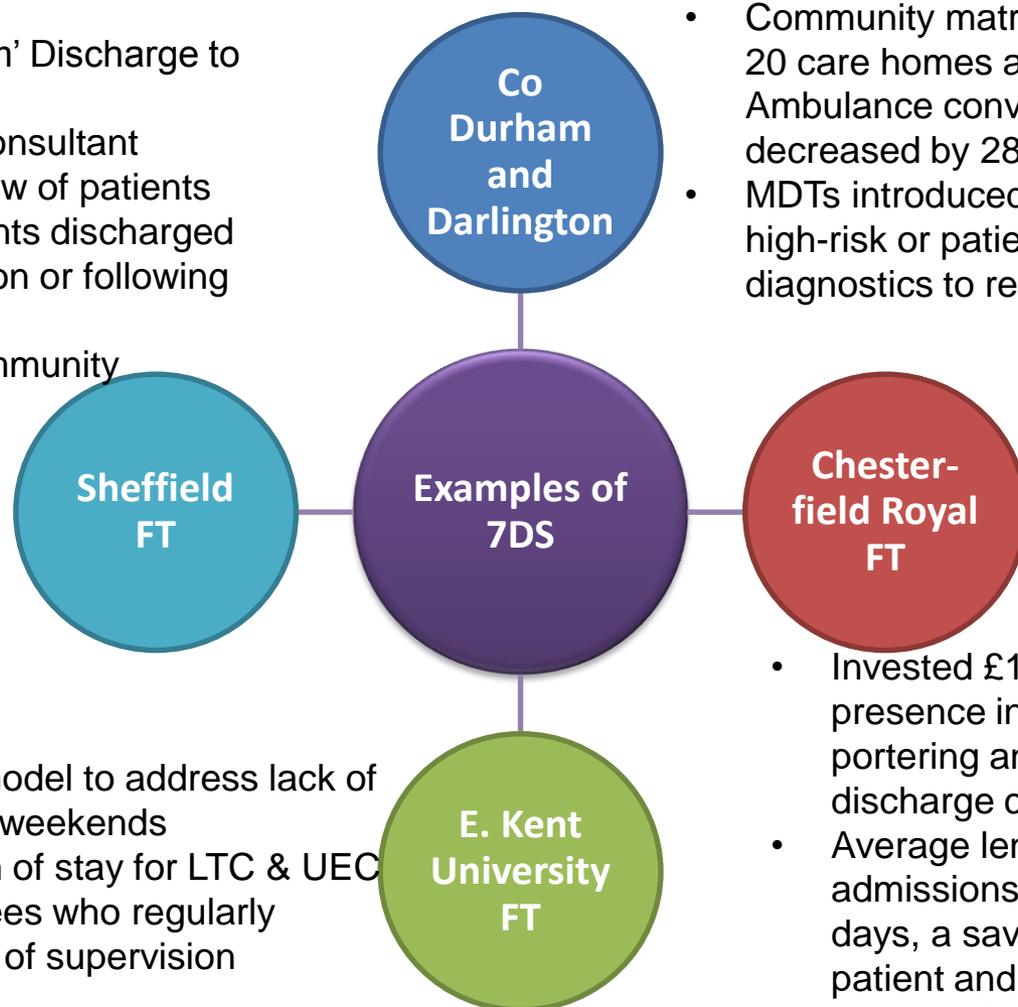
Themes relating to workforce:

- some evidence of better work/life balance;
- where values have been developed by the team itself, enthusiasm is generally high;
- better workflow reduces pressures;
- opportunity to improve support for trainee doctors at the weekend;
- opportunity to look at new skill mixes to ensure adequate cover;
- specialist workforce important e.g. diagnostics services; social care professionals.

Impact analysis – early findings

- Across the week performance varies in mortality, re-admissions, demand for UEC, length of stay and patient experience
- Analysis of drivers to identify interventions to reduce variance
- Range of potential targeted interventions including treatment, multidisciplinary, assessment and diagnostic services, and OOH and social care
- Focus should be on patient access to 7DS rather than every organisation
- Partnership working across LHE critical to sustainability
 - E.g. *Centralised* - London stroke service, *Coordinated care delivery* - Birmingham 24/7 rapid response and *Virtual* – Airedale tele-health trial for LTC support

Where is it already happening?



- 'Active Recovery Team' Discharge to assess
- Increased weekend consultant presence improved flow of patients
- 34% increase in patients discharged and on day of admission or following day
- Improved hospital/community interface

- Community matrons now present in 20 care homes at weekends - Ambulance conveyance has decreased by 28%
- MDTs introduced with ability to refer high-risk or patients w. LTC to diagnostics to reduce hospitalisation

- Redesigned service model to address lack of trainee supervision at weekends
- 6% reduction in length of stay for LTC & UEC
- 21% increase in trainees who regularly received higher levels of supervision

- Invested £1.3m in consultant presence in ED; diagnostic presence, portering and transfer, therapy and discharge coordinators
- Average length of stay for medical admissions fell from 7.2 days to 6.5 days, a saving of over half a day per patient and equivalent to 30 medical beds (=c£1.7m)

Cross System Support Needed

- Workforce
- Finance and efficiency
- Service reconfiguration
- Quality assurance
- Regulation
- Routine collection of 7DS outcomes data for measurement

Questions for the Social Partnership Forum

- What are the associated pressures with delivering 7DS?
- The supply of new clinical staff is likely to be important to this change – how can the system work together to address this?
- How to achieve better alignment between health and social care on the implementation of 7DS to ensure benefits are realised?
- Protecting staff: How do we ensure this is not perceived as seven day **working** but rather about giving patients access to the right healthcare services seven days a week?

Thank you

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