

SEVEN DAY SERVICES (7DS) BRIEFING NOTE FOR CLINICAL NETWORKS

The purpose of this briefing is to provide colleagues with key information about the Government's and NHS England's expectations with regard to providing "**a truly seven-day NHS**".

We hope the information below will enable you to discuss **appropriate** (based on evidence of current and future need) provision of 7DS in your service improvement / transformation work.

Thank you for your support in delivering the 7DS objectives.

Please contact us for further information: frances.fairman@nhs.net and natalie.booth@nhs.net

What's Covered in this Briefing?

- [What do we mean by 7DS?](#)
- [Why are 7DS Important?](#)
- [Patience Experience of 7DS](#)
- [The Ten Clinical Standards](#)
- [Expectations for 7DS](#)
- What does 7DS mean for [Acute Trusts](#) / [CCGs](#) / [GPs](#)
- [Measurement of 7DS](#)
- What does 7DS mean for [Clinical Networks](#)
- [How Clinical Networks can support 7DS](#)
- [UECNs](#)
- [Early Adopters of 7DS](#)
- [Links to Resources](#)
- [Support Available](#)

What do we mean by Seven Day Services (7DS)?

- ✓ 7DS **is** about consistent provision of high quality care every day of the week (including weekends). 7DS **isn't** about staff needing to work seven days a week – it's the service which needs to be available seven days a week.
- X 7DS **isn't** about ALL services being provided 24/7. The current focus is on delivering [four priority standards](#) for 7DS in Urgent & Emergency care within Acute Trusts, as well as better access to routine GP Appointments in Primary Care.
- X 7DS **isn't** necessarily about investing in the same service models, unless they're proven to be efficient and effective, or providing all services 24/7. The provision of 7DS should be evidence-based and take account of local need / health outcomes.
- ✓ 7DS **is** about clinician lead improvement, supported by effective change management, system leadership and patient and public engagement – it **isn't** about short term / unsustainable solutions.
- ✓ 7DS **is** part of Everyone's Business and is dependent on effectively working together across local health systems; as such 7DS needs to be embedded in system wide improvement plans, and **shouldn't be** managed as a separate programme of work.

Why are Seven Day Services (7DS) Important?

The demand for urgent and emergency care does not follow a pattern that is consistent with the traditional working week of Monday to Friday, nine to five – acute illness happens 24 hours a day, seven days a week.

If a profession, service or facility is important to the care of patients, the NHS cannot justify a delay in its availability based solely on the fact it is the weekend.

Poor emergency service provision at the weekend is associated with increased variation in mortality rates, patient experience, length of hospital stay and re-admission rates.

7DS is about the provision of acute medical care in such a way that there is no difference in quality (patient safety, clinical effectiveness and patient experience) for patients, whether it is a weekday or a weekend.

Patient Experience of Seven Day Services (7DS) from Hospitals in South Central¹

Weekend Staffing: *“I have been admitted to hospital three times in the last two years. The initial admission and assessment cannot be faulted and the care during the week was fair / good. The care at the weekend in the wards I was admitted to was not good, either the wards were short staffed or the staff could not be bothered. All these wards were caring for stroke and other similar conditions which affect the elderly”.*

Access to Diagnostics: *“We went into A&E as a result of a suspected spinal syndrome which could alter my partner’s life with any surgical delay. The results from an MRI scan came out negative; however, the doctor did not do anything to help as there was no neurologist present in the hospital. I would never recommend this hospital to anyone after our experience”.*

Time to Assessment: *“Following assessment by a nurse my 95 year old mother was hospitalised. I first called 111 at approximately 2pm on Saturday, It took until 11pm for the duty doctor to arrive where they agreed that hospitalisation was necessary. We immediately took my mother to hospital, thinking she was to be admitted. We then had to wait in A&E until she had another assessment by another doctor, who also seemed to think she should be admitted. It was not until 6.30am the following morning that a bed was found. This is probably to be expected in a large and busy hospital, but all this time my mother was expected to sit upright in a wheelchair, with no headrest. I had to fold up my coat for her to lean her head on. She was discharged on Tuesday and died at home the following day. I totally felt that we were nothing but a nuisance. I would never recommend anybody to go anywhere near this hospital...”*

¹Patient Feedback sourced from [NHS Choices website](#).

Connie’s Story: Seven Day Services (7DS) at Northumbria Emergency Care Hospital²

90-year-old grandmother Connie Brown from Mitford suffers from Chronic Obstructive Pulmonary Disease (COPD).

She was admitted to hospital after suffering from severe pain in her side.

She was quickly assessed by the Emergency Department, had diagnostic tests and was then moved onto one of the Specialty Wards, where she was seen by a Respiratory Specialist within 4 hours and was started on treatment for pneumonia and pleurisy.

She stayed in hospital for just one day before she was well enough to be transferred to a General Hospital, where she could be nearer her family for on-going care.



Before the opening of Northumbria Specialist Emergency Care Hospital, Connie would have spent much longer in hospital before seeing the right specialist and beginning treatment.

Specialist Consultants are now available, in one place, consistently, seven days a week, for people needing emergency care.

At the new Northumbria Specialist Emergency Care Hospital implementation of effective 7DS has relied on:

- Emergency Medicine Consultants being available on site 24/7
- Skilled Nursing Teams
- Diagnostics being available round-the-clock
- And dedicated ‘wraparound’ Support Services.

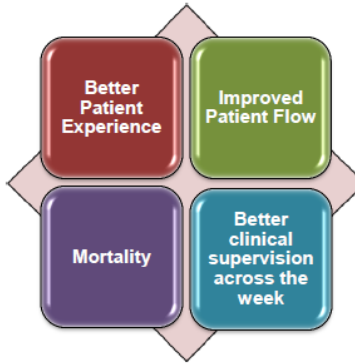
²<https://improvement.nhs.uk/resources/how-seven-day-services-can-benefit-patients/>

The Ten Clinical Standards for Seven Day Services (7DS)

A substantial body of evidence exists which indicates that there is significant variation in outcomes for patients admitted to hospitals in an emergency, at the weekend across the NHS in England.

This variation is seen in mortality rates, patient experience, length of hospital stay and re-admission rates. Additionally, medical, nursing, other health professional and managerial staffing levels - as well as trainee doctors' perceptions of supervision by consultants - also vary by day of the week.

Seven Day Services is about...



To tackle this, the NHS Services Seven Days a Week Forum developed [ten Clinical Standards](#) to address variations in outcomes at the weekend.

Of the ten clinical standards, **four have been judged to have the greatest impact on health outcomes** and have therefore been prioritised for implementation:

Standard 2: Timely Consultant Review

All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of arrival at hospital.

Standard 5: Improved Access to Diagnostics

Hospital inpatients must have scheduled access to diagnostic services such as X-ray, Ultrasound, Computerised Tomography (CT), Magnetic Resonance Imaging (MRI), Echocardiography, Endoscopy, Bronchoscopy and pathology seven days a week. Consultant-directed diagnostic tests and completed reporting must also be available seven days a week:

- Within 1 hour for critical patients
- Within 12 hours for urgent patients
- Within 24 hours for non-urgent patients

Standard 6: Consultant Directed Interventions

Hospital inpatients must have timely 24 hour access, seven days a week, to consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear protocols, such as:

- Critical care
- Interventional radiology
- Interventional endoscopy
- Emergency general surgery

Standard 8: Ongoing Review in High Dependency Areas

- All patients on the Acute Medical Unit, Acute Surgical Assessment Unit, Intensive Therapy Unit and other high dependency areas are seen and reviewed by a consultant **twice daily** (including all acutely ill patients directly transferred and others who deteriorate)
- Once transferred from the acute area of the hospital to a general ward patients should be reviewed during a consultant-delivered ward round at least **once every 24 hours**, seven days a week, unless it has been determined that this would not affect the patient's care pathway.

Department of Health's Expectations for Seven Day Services (7DS)³

To address concerns about poor patient experience and less than optimal health outcomes, the Government's expectations regarding 7DS are set out in its Mandate to NHS England for 2016-17.

1.8. *This Government will increase spending in real terms every year in this Parliament. The NHS will receive £10 billion more per year in real terms by 2020-2021 compared to 2014-15. This investment backs in full the Five Year Forward View and will mean **patients receive a truly seven-day health service**, with the services people need being offered in hospitals at the weekend, and people able to access a GP at evenings and weekends.*

1.9. *In this new mandate to NHS England to 2020, the Government is entrusting NHS England with the NHS budget to help deliver these commitments, and to meet the evolving needs of the population in a way that is sustainable now and into the future. We will hold NHS England to account for its leadership of and contribution to delivery of the Five Year Forward View and a truly seven-day NHS.*

2.10. *We want to see...*

- *more services provided out of hospitals*
- *a larger primary care workforce*
- *and greater integration with social care, so that care is more joined up to meet people's physical health, mental health and social care needs.*

"We expect NHS England to ensure everyone has easier and more convenient access to GP services, including appointments at evenings and weekends where this is more convenient for them, and effective access to urgent care 24 hours a day, seven days a week".

³See ["The Government's Mandate to NHS England for 2016-17"](#)

What does Seven Day Services (7DS) mean for Acute Trusts?

For Acute Trusts to deliver the Government's Mandate for 7DS, NHS England requires **patients to receive the same high quality urgent and emergency care** (i.e. achieve the same health outcomes) **regardless of the day of the week they are admitted to hospital**. This expectation is expressed in the following targets:

By March 2017, the four priority standards will have been implemented in Acute Trusts so that 25% of the population benefit from 7DS.

By Autumn 2017, all urgent network specialist services (vascular surgery, stroke, major trauma, STEMI heart attack, and children's critical care) will be implementing the four priority standards.

Major Heart
Attack
Centres

Paediatric
Intensive
Care Units

Major
Trauma
Centres

Hyper Acute
Stroke
Centres

Vascular
Surgery
Centres

Overarching Target: by 2020 100% of the population should receive a 7DS from their NHS hospital Trust, i.e.

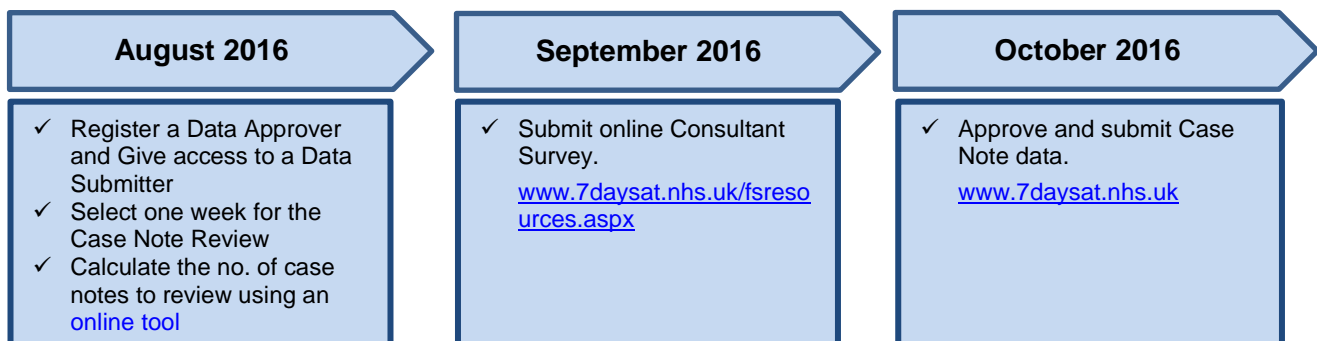
- four priority standards that define a seven day service must be achieved in all relevant clinical specialties
- progress must also made on the other six clinical standards

See http://www.nhs.uk/media/2638611/clinical_standards.pdf for the full list of standards.

Measurement of Acute Trusts' progress in delivering the four priority standards

NHS Improvement is asking Acute Trusts to complete a survey to measure their progress delivering the four priority standards. **The next case note review will be undertaken by Acute Trusts in September 2016 and six monthly thereafter.**

- All hospitals who accept emergency patients are included (specialist, children and maternity)
- Trusts should undertake retrospective surveys, where feasible.
- Trusts can choose a consecutive seven day period between **6th July and 28 September 2016** to carry out the case note review.
- Trusts can stratify their sample size according to the number of emergency admissions.
- Case notes included should be randomised so that patients are selected throughout the day.
- There will also be an online survey to gather consultants' views on access to diagnostic tests.



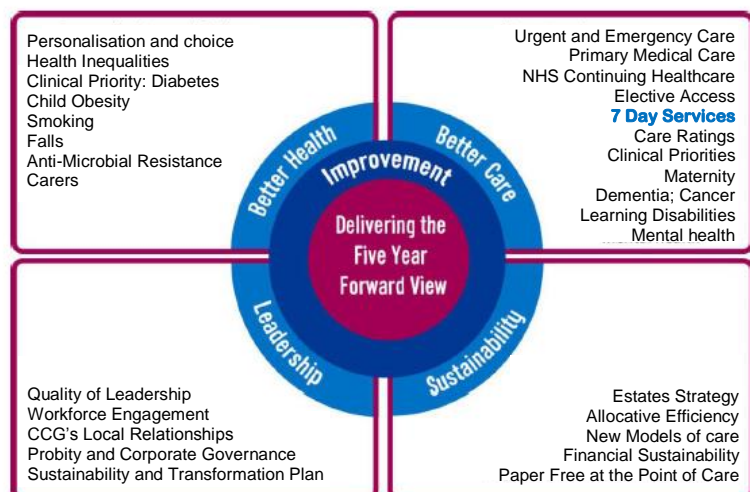
What does Seven Day Services mean for CCGs

With regard to commissioning services from Acute Trusts, the NHS Standard Contract (mandated by NHS England for use by commissioners for all contracts for healthcare services other than primary care) Schedule 6D – *Service Development and Improvement Plans (SDIPs)* - includes a reporting requirement for 7DS.

This requirement is reflected in the 'Better Care' section of the CCG Improvement and Assessment Framework (IAF) 2016-17: [Achievement of clinical standards in the delivery of 7 day services](#)

The [CCG IAF Technical Guidance \(130a\)](#) describes the measurement of the four priority standards for the delivery of 7DS.

- **Commissioners** - The CCG IAF will report CCG performance in 29 key areas, including 7 day hospital services.
- **Providers** are required to submit CCG 7DS SDIPs with an identified trajectory for delivery, and which are aligned with UECN and STP plans.



During 2016-17 NHS England South (South Central) will **seek assurance from CCGs** that they are progressing work with their Acute Trusts to deliver SDIPs that will drive the achievement and sustained delivery of **the four priority standards**.

What does Seven Day Services (7DS) mean for Primary Care?

As summarised in the [‘Department of Health’s expectations for 7DS’](#), the policy for extended access to primary care is outlined in the government’s Mandate to NHS England.

The mandated goal is that by 2020:

“100% of the population has access to evening / weekend routine GP Appointments”

The ‘Better Care: Primary Medical Care’ section of the Technical Guidance associated with the [CCG Improvement and Assessment Framework 2016-17](#) describes the expectation with regard to extended access to primary care.

Progress will be assessed as follows:

The percentage of practices within a CCG where patients have the option of accessing pre-bookable appointments outside of standard working hours Monday to Friday; that is on

- (i) weekday evenings (usually after 6.30pm)
- (ii) on a Saturday
- (iii) on a Sunday.

‘Access’ may be through a hub or federation rather than the individual practice.

What Does Seven Day Services (7DS) mean for Clinical Networks?

- **Maternity & Children’s Network:** All [urgent care network specialist services](#) (including **Paediatric Trauma Centres**) will be implementing the four priority standards by Autumn 2017.
- **Cardiovascular Network:** All [urgent care network specialist services](#) (including **Major Heart Attack Centres, Major Trauma Centres and Vascular Surgery Centres**) will be implementing the four priority standards by Autumn 2017.
- **Cancer Network:** One of the [four priority standards](#) for 7DS (**Standard 5**) involves improved access to diagnostics. Achievement of this standard will support delivery of cancer waiting time standards; increasing cancer survival rates.
- **Mental Health & Dementia Network:** One of the [ten clinical standards](#) for 7DS (**Standard 7**) relates to Mental Health. Implementing this standard will mean that where a mental health need is identified following an acute admission, patients will be assessed by a psychiatric liaison within 1 hour (for an emergency) or 14 hours (for urgent care needs), every day of the week.

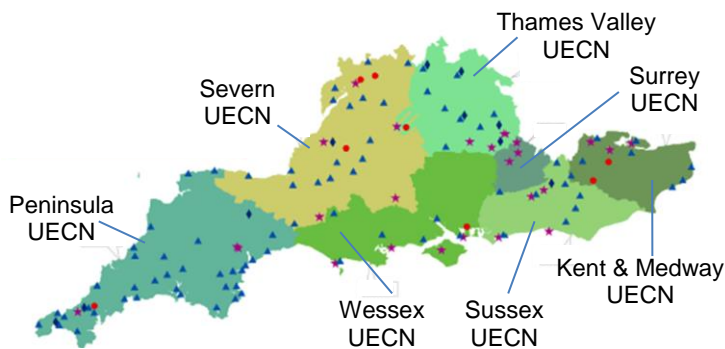
Another of the [ten clinical standards](#) for 7DS (**Standard 9**) involves making support services in hospital, primary and community care available seven days a week, which will support people living with dementia who are admitted to hospital, as well as the frail elderly.

How Clinical Networks can support Seven Day Services (7DS)?





The provision of 7DS by the NHS needs to be embedded in system wide service improvement plans, rather than be managed as a separate programme of work. Clinical Network colleagues can support this approach by:

- Being aware of the national [policy priorities and timelines](#) for delivery - set out in this briefing.
- Asking commissioners and providers of NHS care about their organisations strategy to deliver 7DS, and reviewing their service improvement plans to ensure alignment with national policy.
- Routinely discussing progress with 7DS delivery at service improvement meetings and workshops – what is working well and what are the implementation challenges...
- If appropriate, signposting Commissioners and Providers to NHS England’s 7DS Regional Support Team - see details below on [‘Support Available’](#).

Urgent & Emergency Care Networks (UECNs)



There are currently a total of 129 urgent care facilities operating in the South:

- 12 are standalone Urgent Care Centres 
- 8 are Co-Located Urgent Care Centres with an Emergency Department 
- 26 are Walk in Centres (WIC) 
- 83 are Minor Injury Units (MIU) 

[UECNs](#) were set-up to bring stakeholders together from across a Regional footprint to address challenges (such as 7DS) that are greater than an individual stakeholder can solve in isolation.

UECNs provide strategic oversight of urgent & emergency care on a regional footprint.

System Resilience Groups (SRGs) work alongside the UECNs to undertake operational leadership of local services.

Early Adopters of Seven Day Services (7DS)

Early adopters of 7DS within the South include:

1. Oxford University Hospitals NHS Trust Southampton
2. University Hospital Southampton NHS Foundation Trust

These Acute Trusts are working towards implementing the four priority standards by March 2017.

NHS England and NHS Improvement are in the process of identifying more Acute Trusts that might like to become early adopters of 7DS.

Links to Resources

[Seven Day Service Forum - Board Reports](#)

[Ten Clinical Standards for Seven Day Services](#) (February 2016)

[Seven Day Services in Acute Care – Establishing a Baseline](#) (27 July 2015)

[Seven Day Hospitals Self-Assessment Survey](#) (5 August 2016)

[Seven Day Services Self-Assessment Survey – Resources and FAQs](#)

[Examples of Seven Day Services in the NHS](#)

[Levers and Incentives for Seven Day Services](#)

[NHS Improvement's expectations for seven day service implementation](#) (23 May 2016)



2016-05-23_Letter
to Trust Medical Direc

Support Available

South Region	South Central
<p>Sue Cottle, 7DS Programme Lead sue.cottle@nhsiq.nhs.uk http://www.nhsiq.nhs.uk/improvement-programmes/acute-care/seven-day-services.aspx</p>	<p>Frances Fairman, Head of Clinical Programmes frances.fairman@nhs.net AND Natalie Booth, Clinical Programmes Manager natalie.booth@nhs.net</p>