

NATIONAL QUALITY BOARD

SEVEN DAY SERVICES IN THE NHS
A note from the NHS Medical Director

Summary

1. This note considers the impact of reduced provision of hospital services at the weekend on the quality of services provided to patients, particularly in relation to patient safety.
2. The note also considers how this issue might be addressed and seeks views from the Board on how the different levers across the system might be utilised and aligned in order to bring about such a transformation in the provision of services.

Recommendation

3. The Board is asked to:
 - note the case for moving towards a pattern of seven day services; and
 - consider how different levers across the system might help to bring about this change.

Background

Definition of seven day services

4. Seven day service provision does not refer to a 24/7 working pattern for NHS staff, but ensuring that outcomes are not adversely affected according to when a person attends hospital.

Impact of five day services

5. The adherence to a five day service model invites questions about whether the NHS has responded quickly enough to changes in society and the reasonable expectations of citizens. There are many persuasive arguments for the adoption of a seven day service model in the NHS. Evidence is most developed in the area of mortality:
 - in September 2011, NHS London/London Health Programmes published a Case for Change in Adult Emergency Services which, as part of its analysis, demonstrated that there was insufficient consultant presence at weekends and 500 potentially avoidable deaths each year in London;
 - the Dr Foster guide in November 2011 stated that the pattern of provision at weekends is a cause of variation in mortality rates. It proposed that the main intervention to reduce variation in mortality is consultant presence. The report also included analysis of outcomes for patients not operated on within two days of a fractured neck of femur and demonstrated the link to an absence of weekend provision;

- a widely supported paper by the Royal College of Surgeons on high risk general surgical patients¹, published in October 2011, showed that the peri-operative patient pathway - including the urgency of diagnostic tests, seniority of decision making, timing of surgery and location for immediate post-operative care - is made more disjointed, protracted and less patient centred by the way services are organised at weekends;
 - an analysis of 14,217,640 admissions in 2009/10, published in the Journal of the Royal Society of Medicine in February 2012², showed an increased mortality rate of 11% and 16% for patients admitted on Saturdays and Sundays respectively, compared to patients admitted on Wednesdays. Significantly, this analysis accounted for differences in patient characteristics associated with admissions on different days; and
 - emerging national evidence suggests that across NHS hospital stroke patients have almost a 20% greater risk of dying if admitted at the weekend in contrast to a weekday. The chances of receiving appropriate diagnostics and treatment are much lower and the risk of developing complications higher³.
6. In the NHS Outcomes Framework, quality is judged by performance against national measures across five domains. At a summit held in January 2012, senior clinical leaders expressed the clear view that in a wide range of specialties, the current model of five day service provision impacts directly and negatively on the delivery of quality improvement across all five domains of the NHS Outcomes Framework.

¹ Report on the peri-operative care of the higher risk general surgical patient. RCS and DH Joint Working Group, 2011.

² Weekend hospitalization and additional risk of death: An analysis of inpatient data. Pagano et al., Journal of the Royal Society of Medicine, February 2012

³ Dying for the weekend: the association between day of hospital presentation and the quality and safety of stroke care. Palmer, WL et al., 2011.

Introducing seven day services in the NHS

7. To address the issues highlighted in the section above, the Department is supportive of a move towards a seven day model of NHS service provision.
8. This represent a significant culture change for the NHS, which could only be brought about through collaborative cross-system action. The Board is uniquely placed to co-ordinate efforts across different organisations. Its endorsement of the seven day service model and support to align efforts to achieve it would therefore help drive forward this change.

The Board is asked to consider the case for seven day services in the NHS.

- **Does the Board agree that the impact of the five day service model is an important, system-wide issue that should be addressed collectively?**

How might organisations support and enable this change?

9. The NHS Commissioning Board Authority has been developing a single model of change for the commissioning system (see below). This was presented to the Board at its February 2012 meeting, and members were very supportive. There was a feeling that rather than just being a change model for the commissioning system, it could potentially act as a change model that the whole NHS could adopt.

Our shared purpose

Does this improvement meet our shared purpose?

Leadership for change

Do all our leaders have the skills to create transformational change

Engagement to mobilise

Are we engaging and mobilising all the right people?

Spread of innovation

Are we designing for the active spread of innovation from the start?

System drivers

Are our processes, incentives and systems aligned to enable change?

Improvement methodology

Are we using an evidence-based improvement methodology?

Transparent measurement

Are we measuring the outcome of the change continuously and transparently?

Rigorous delivery

Do we have an effective approach for delivery of change and monitoring of progress towards our planned objectives?

10. The Board is therefore asked to consider whether the change model provides a useful framework for thinking about how to bring about seven day services. In particular, given the Board's system alignment role, it is asked to consider the part of the model that refers to aligning system drivers.
11. Work by NHS Improvement in 2011 has already identified a number of different levers to drive change, while the new system architecture creates new roles and levers that might support a move to seven day services. For instance:
 - **National Institute for Health and Clinical Excellence (NICE)** will continue to provide authoritative advice to support the commissioning and delivery of high quality care. Earlier this year, ministers agreed a library of Quality Standards for referral to NICE for development. The library includes "service delivery" topics, including "seven day working" (linked to the issue of consultant review within 12 hours of admission). This will be worked up into a Clinical Guideline, which will then inform the development of Quality Standards. Further, NICE's expanded role into adult social care may permit

an exploration of the “whole system” aspect of the safe, timely discharge of older or vulnerable people from hospital to home or care settings at weekends;

- Discussions between the Department and **Medical Education England** have centred on the *Better Training, Better Care* pilots, which will trial a variety of approaches to ensuring that trainee doctors receive appropriate levels of consultant supervision at all times. The *Shape of Training* review will consider both capacity and cultural issues affecting the NHS’s ability to move towards innovative models of service delivery. This work will transfer in due course to **Health Education England (HEE)**. A recent Centre for Workforce Intelligence report on the future shape of the consultant workforce identifies growth in numbers and presents an opportunity to support work on seven day services. In its role as the leader for education and training across the healthcare workforce, HEE might wish to consider how clinicians could be recruited, trained and supported to deliver care in a seven day service model;
- The **Care Quality Commission (CQC)** will continue to act as the quality inspectorate across health and social care for both publicly and privately funded care, ensuring that providers meet essential standards of safety and quality. In this role, CQC might wish to consider whether to challenge the current assumption that a provider working to a five day service model is delivering the essential standards of care on every day of the week. Further, the creation of HealthWatch England as a committee of CQC to strengthen the collective voice of patients and service users presents an opportunity to explore user views of seven day provision;
- **Monitor**'s main duty will be to protect and promote the interests of healthcare users by promoting economic, efficient and effective provision. The arrangement of services over five or seven days impacts on both efficiency and effectiveness in terms of outcomes, and specific questions about economic efficiency are being explored with a network of Directors of Finance from the QUEST group of NHS foundation trusts. Further,

Monitor's new role in supporting the delivery of integrated services may be relevant to the "whole system" aspects of seven day services, including safe, timely discharge or transfer from hospital to care settings where that impacts on efficiency or the quality of care. There might also be scope to explore whether the tariff could be used to encourage seven day services;

- The **NHS Commissioning Board** will provide national leadership on commissioning for quality improvement, as well as directly commissioning certain services itself. In this role, the NHS Commissioning Board might wish to take the lead in driving forward the spread of the seven day service model across the NHS, supporting local commissioners to work with their providers to develop safe, high quality and consistent services; and
- Other levers might include professional guidance and statements issued by the Royal Colleges and financial incentives such as CQUIN.

The Board is asked to consider whether the change model provides a useful framework for helping to bring about this sort of transformation across the NHS.

The Board is also asked to consider how different system levers might be used and aligned to drive the move towards seven day services.

Bruce Keogh

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