Bristol, North Somerset and South Gloucestershire
Urgent Care Board*

How to understand what services need to be in place seven days a week to improve the flow of patients through the system

AT A GLANCE:
Health and social care agencies in Bristol worked together to launch a ‘do and learn’ project in and around the Emergency Department and medical wards at the Bristol Royal Infirmary. A ‘seven day action team’ was formed with clinicians, managers and commissioners from both the hospital and community health and social care providers to systematically review and test what services would be needed over seven days to help ensure ‘equal care every day’. The group’s hypothesis was that increasing the availability of clinical and diagnostic services over the weekend would help reduce hospital admissions and increase discharges. Using a ‘Plan, Do, Study, Act’ approach, the team were then able to practically test out what interventions or changes made a difference.

How the improvements were made
The team’s first step was to carry out a Friday and Saturday fact finding audit, which involved:
• Friday afternoon audit of 454 patients across 19 wards in Bristol Royal Infirmary to assess what services (within and outside of hospital) would have enabled their care to be progressed over the weekend
• Saturday morning ‘front door’ audit within the Emergency Department (ED) to identify what additional services could have helped prevent hospital admissions, had they been available.

Gaps in service provision were identified which formed a plan for action. Over three weekends the team ran “Plan-Do-Study-Act” cycles, each of which was run a month apart, to test out some changes and interventions – such as having a senior nurse visit medical wards to identify patients suitable for discharge, and having a GP working alongside consultants within Accident and Emergency. The week after each cycle, patients were tracked to see what impact the changes had made and the team either revised or re-tested those changes during the next weekend PDSA cycle.

*This includes representation from: Bristol Community Health, Bristol CCG, Bristol Intermediate Care Service University Hospitals Bristol NHS Foundation Trust, Bristol City Council and South West Commissioning Support Unit.

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Impact

• Having taken a detailed look at the whole system has enabled the community providers and University Hospitals Bristol NHS Foundation Trust to really understand what services need to be in place over seven days to ensure positive patient experience and improved patient flow across the week. Other initiatives had been tried before locally, but usually with disappointment, as one service worked extra hours at a weekend only to find their supporting or referring colleagues were not there.
• Testing out changes in a systematic way has also provided evidence of impact, helping build the case for change going forward.
• For the teams involved, starting small helped them to see what is possible, and generated enthusiasm to change.
• While the group were aware of the risks in scaling up and generalising beyond the PDSA cycles, they concluded that the availability of two specific services made a real clinical difference:
  • Availability of senior therapists to work with other professional groups to expedite discharge.
  • The use of community nurse practitioners as ‘inreach’ in ED or in the early part of a person’s admission.

Contact

The lead for this redesign work has now moved on, this case study remains available to demonstrate the application of service improvement principles to improve patient flows in hospital seven days a week.

TOP TIPS

• A multidisciplinary and multi-agency approach was critical to success; there was a willingness and commitment from all agencies to work together.
• The small action team included a GP, community and hospital clinicians and managers, and it was team members that worked the shifts and tested the ideas. They were sufficiently influential to make things happen, and sufficiently humble to know they had to demonstrate change themselves.
• Access to a dedicated project manager was helpful, to ensure there was resource to pull together systems, processes and the learning from each PDSA cycle.
• Don’t be afraid to try something new! The team favoured the PDSA approach because they saw it as a practical way of tapping into people’s enthusiasm that starts with action, is reversible and because ‘in complex systems we will never know until we try it’.
• Larger scale system-wide success will depend on continuous and sustained testing – if PDSA cycles are to be used, they need to be regular, frequent and sustained.
• Explore the merits of this approach which could support successful outcomes.
• Don’t try and tackle all things at once. The scale of this work was relatively small, starting only in the medical wards. This enabled some pace, and an action team that could be fairly easily coordinated.

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