

Delivering 7 Day NHS Hospital Services

Sue Cottle

Programme Lead 7 Day Hospital Services
Sustainable Improvement
NHS England South

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Better
Patient
Experience

Improved
Patient Flow

Mortality

Better
clinical
supervision
across the
week

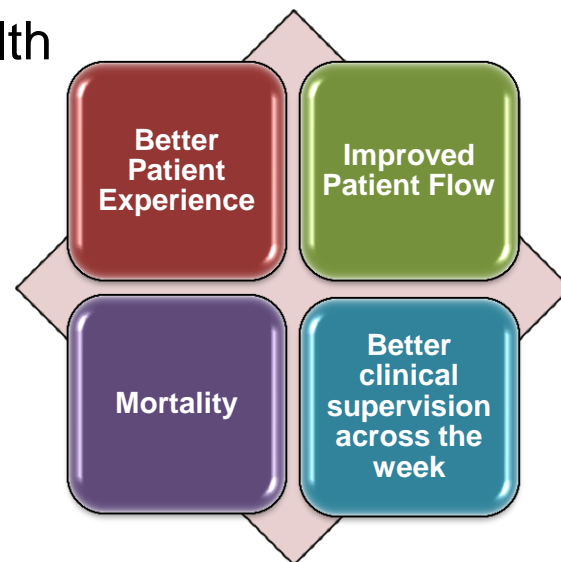
Objectives for the session

1. Describe the national NHS ambition for delivery of 7 Day Services
2. Clarify what this means for local hospital delivery
3. Generate discussion to understand local issues, identify pragmatic improvement solutions and understand support required

7 day services is about reducing variation, and ensuring high quality care for all people every day of the week

By 2020, the national ambition is that everyone will be able to:

- Pre-book appointments to GP services in the evenings and at weekends
- Arrange to see or speak to a GP or other health professional for clinical advice assessment or treatment through one call (NHS 111)
- **Receive the same high quality of assessment, diagnosis and treatment, any day of the week when admitted to hospital in an emergency**



Meeting the four priority clinical standards ensure that inpatients receive high-quality care on an ongoing 24/7 basis

Four priority standards have been selected from the **10 clinical standards** developed by the NHS Services, Seven Days a Week Forum as most likely to have the greatest impact in **tackling variations in mortality, patient flow and experience**:

- **Standard 2: Time to consultant review**
- **Standard 5: Access to diagnostics**
- **Standard 6: Access to consultant directed interventions**
- **Standard 8: On-going review by senior decision makers**

Standard 2

All emergency admissions to be seen and assessed by a suitable consultant as soon as possible, but at the latest within 14 hours from the time of admission to hospital.

Standard 5

Hospital inpatients to have scheduled access to consultant directed diagnostic tests and completed reporting 7 days:

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

Standard 6

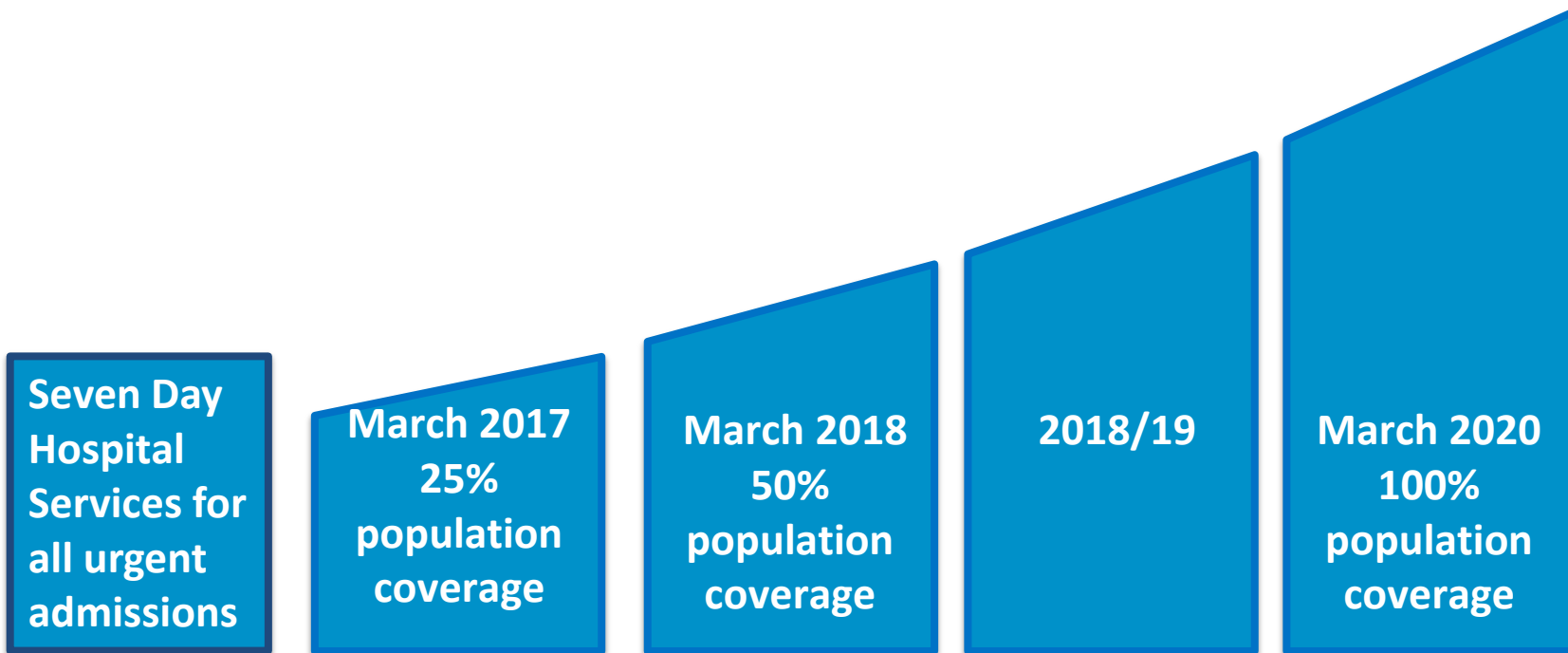
Hospital inpatients to have timely 24 hour access, 7 days, to consultant directed interventions, either on-site or via formally agreed network arrangements with clear protocols

Standard 8

All patients with high dependency needs should be reviewed twice daily by a consultant. All other inpatients should be reviewed by a consultant once daily seven days a week

Timescales: For urgent and emergency care admissions: 25% population March 2017, 50%: March 2018, 100%: March 2020

There are parallel programmes to deliver seven day hospital services for all patients admitted in an emergency as 'generalist' and 'specialist'



Seven Day Hospital Services for urgent network services

November 2017
100% population coverage for 5 urgent network services

- Urgent network specialist services:
- Emergency vascular
 - Acute stroke
 - Major trauma
 - STEMI Heart attack
 - Paediatric intensive care

What this means for the 5 Urgent Network specialist services *England*

The shared planning guidance outlines the ambition for five urgent network services to meet the four priority seven day hospital services clinical standards by **1st November 2017:**



Responsibility for ensuring delivery of this ambition lies with the regional urgent and emergency care networks.

The UEC Networks will need to work closely with NHS Improvement, regional specialised commissioning teams, the regional 7 day services teams, regional ODNs and relevant clinical network clinical leads.

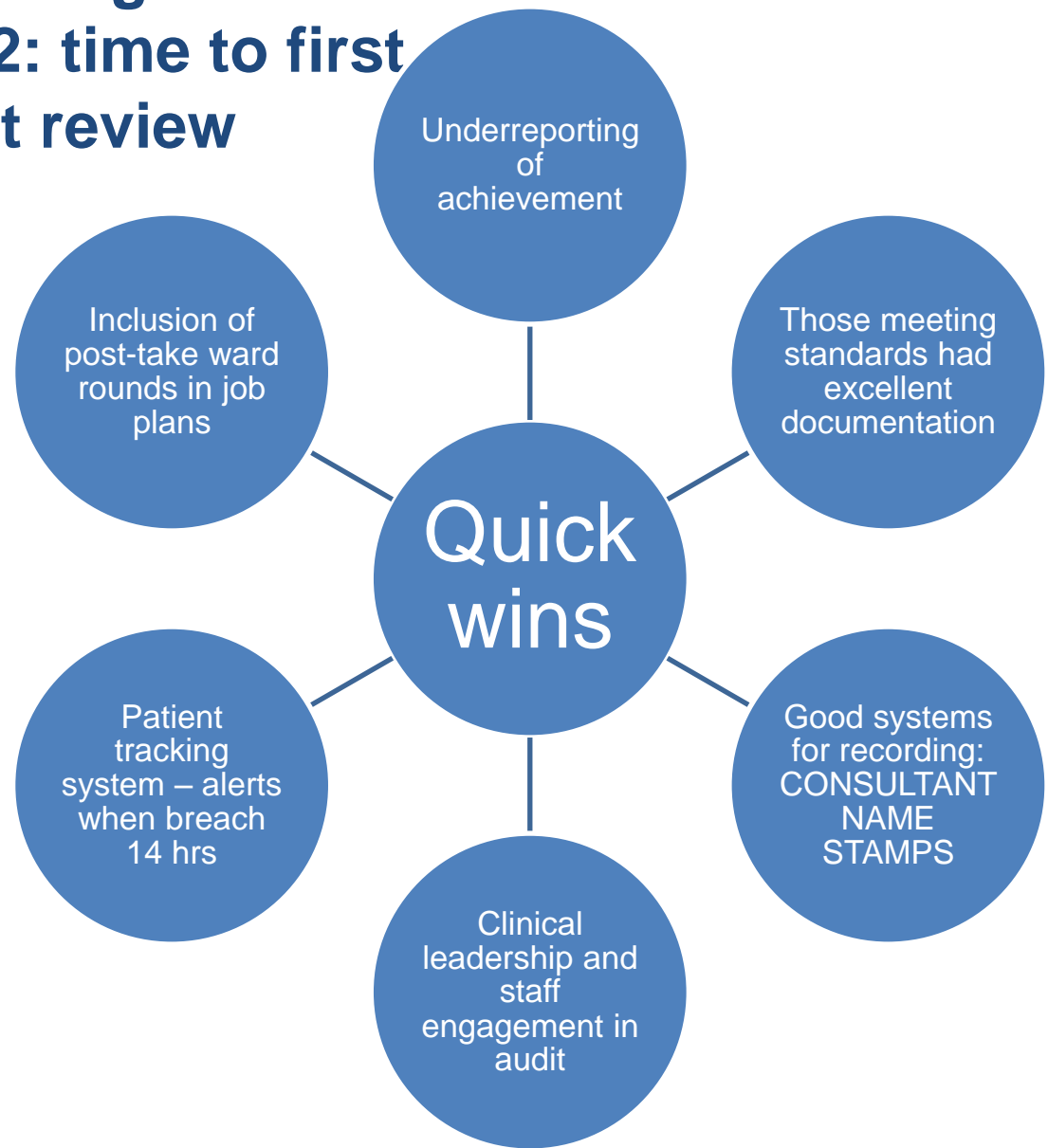
These organisations will in turn be supported by national policy teams involved in seven day hospital services and the urgent and emergency care programme.

When measured results from the September 2016 7DS self-assessment survey showed that meeting standard 2 presented the greatest challenge to trusts

Table 2: Achievement of the four standards at different thresholds

	Over 90%	70-90%	50-70%	Under 50%
Time to consultant review	6%	30%	53%	11%
Access to diagnostic tests	3%	71%	26%	0%
Access to consultant directed interventions	63%	27%	8%	2%
Ongoing review	31%	45%	21%	2%

Demonstrating achievement of clinical standard 2: time to first consultant review



Trusts could take the following steps to support delivery of clinical standard 2, taking into account the recently published clarifications

Staff rotas and working practices

Ensure acute take consultant presence from 8am to 8pm every day (especially for high volume specialties such as medicine).

On high volume units such as most AMUs use rolling ward rounds through the day to keep up with the new patients arriving.

Best clinical practice

Write into policy the expectation that patients admitted before 8pm will be seen by the evening take consultant before he/she goes home.

Ensure that handover lists used for take ward rounds include time of arrival, admission and ward for all patients to support the on take consultant to prioritise the order in which they see patients on the ward rounds.

Effective recording

Ensure that entry in the medical notes makes clear that consultant is assessing the patient and the time.

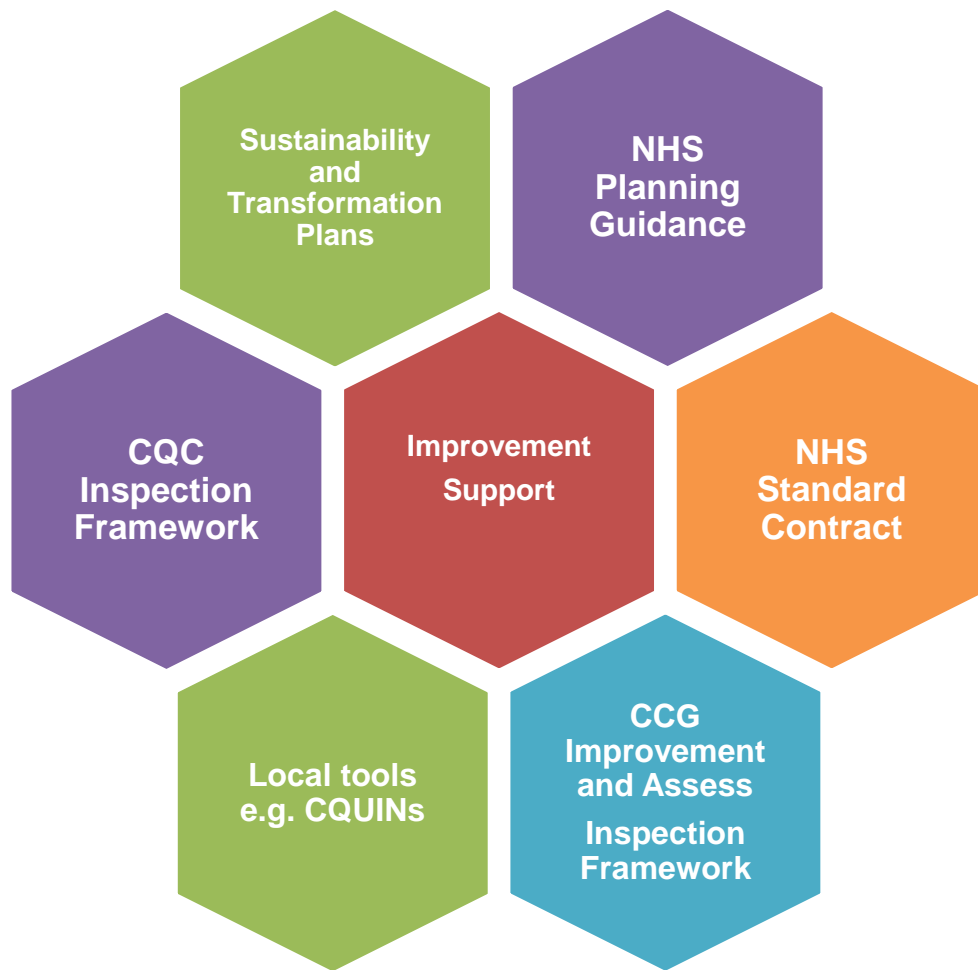
Ensure patients assessed by an appropriate consultant in ED or in clinic prior to admission to hospital are recorded as meeting the standard.

Clinical Engagement

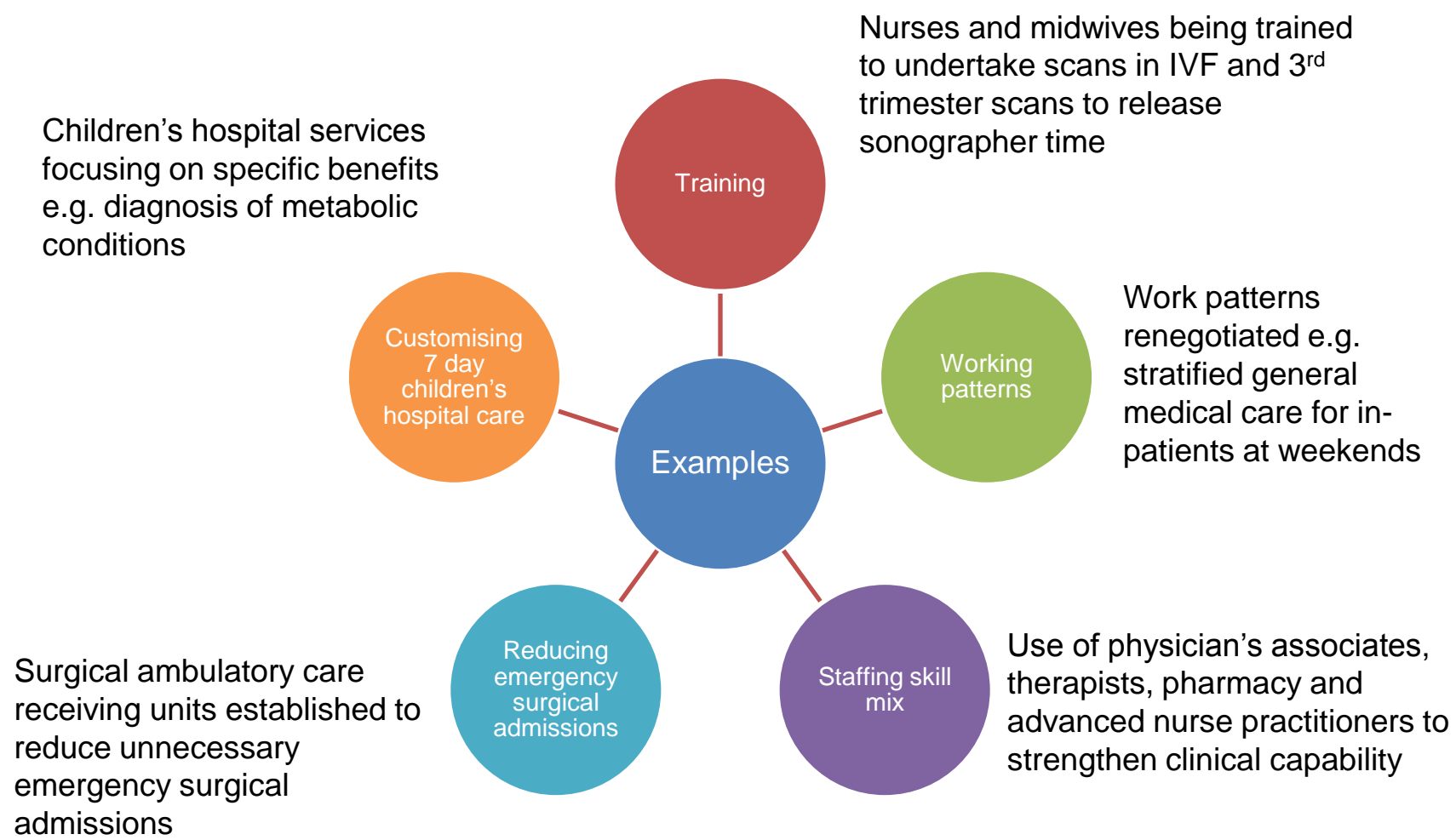
Ensure that all team members, particularly junior doctors and senior ward nurses know the importance of a prompt consultant assessment for new and undifferentiated patients

Senior staff demonstrate commitment to the aims of the 7DS programme

Ways in which we will support and enable delivery of 7 day hospital services



Trusts across the country have come up with innovative ways of working to achieve the standards and improve care



In summary

1. 7 Day NHS hospital services is about delivery of safe effective care 7 days a week
2. Quality and safety is the key driver
3. NHS organisations and partners need to work together to understand the local issues and generate sustainable solutions
4. One size does not fit all

Questions



When speaking please let everyone know your name and where you work.