

BMA Position Paper

7-day services

October 2013



There is a growing movement towards more NHS services being available seven days a week. There is currently little clarity about what this means and how it impacts on patients, doctors and the wider NHS system. As such, the BMA has welcomed the establishment of the Seven Day Forum¹ by NHS England Medical Director Prof Sir Bruce Keogh in December 2012, and looks forward to the Forum's findings. In advance of this review we set out in this paper, what we understand to be the various drivers for the move to more 7-day services, what this means in practical terms, particularly in relation to doctors and their ability to provide high quality patient care, and where the BMA is positioned.

The drivers for 7-day services

There are several drivers for the movement towards more 7-day services:

Quality

Evidence shows hospitals are not delivering equally high standards of care to patients at night and at weekends compared to during normal working hours.² There is also evidence of higher mortality rates for hospital patients admitted at the weekend.³ The Hospital Standardised Mortality Ratio (HSMR), which indicates whether mortality rates are higher than would be expected for each hospital, is produced annually by Dr Foster Intelligence and published in the Dr Foster Hospital Guide. The 2012 Guide, *Fit for the Future?*, found that mortality rates for patients admitted at weekends are higher than for those admitted on weekdays and that higher levels of senior medical staffing at weekends are associated with lower mortality rates.⁴

A study published in the Journal of the Royal Society of Medicine in 2012 analysed all admissions – more than 14.2 million – to NHS hospitals in England during 2009/10. It found that patients are 16 per cent more likely to die if they are admitted on a Sunday rather than a Wednesday, and 11 per cent more likely to die if they are admitted on a Saturday. Being already in hospital on a Sunday led to an 8 per cent reduced risk of dying on that day compared to already being in hospital on a Wednesday.⁵

Being an outlier in terms of mortality rates was one of the indicators of sub-standard care at Mid Staffordshire NHS Foundation Trust (Mid Staffs). The final report of the public inquiry into the instances of sub-standard care at Mid Staffs (the 'Francis Inquiry') was published in February 2013. Although Robert Francis QC did not explicitly recommend more 7-day services, his report does note that the situation at Mid Staffs was worse at the weekend.

For example,

[On page 62](#) he notes that patients 'felt vulnerable at the weekend and holiday times, when the staff absences and shortages are more noticeable.'

[Page 1244](#) he notes that trainees felt pressure, particularly at the weekend, to 'discharge patients when a decision [about their care] had not already been made.'

As part of the government's immediate response to the Francis Inquiry, the Prime Minister [commissioned Prof Don Berwick to conduct a review of patient safety](#).

Published by the Department of Health in August 2013, *A promise to act, a commitment to learn* echoed Sir Robert Francis's central recommendation – to put the patient at the centre of the NHS. The fourth recommendation states,

'Healthcare organisations should ensure that staff are present in appropriate numbers to provide safe care at all times and are well-supported.'

Also, as part of the immediate response to the Francis Inquiry, the Prime Minister announced that the NHS Medical Director, Prof Sir Bruce Keogh, would conduct a review into mortality in hospitals. [The Keogh Review](#) was published by NHS England in July 2013. It states,

'The performance of a majority of the trusts was much worse than expected for their emergency patients, with admissions at the weekend and at night particularly problematic. General medicine, critical care and geriatric medicine were treatment areas with higher than expected mortality rates.'

Prof Sir Bruce Keogh is also leading NHS England's [Seven Day Forum](#), which was set up in spring 2013. Five work streams are investigating the benefits of providing 7-day services and collating information on the challenges that such a transformation would pose. The Forum will publish its findings in autumn 2013. The five workstreams are finance, work force, clinical standards, commissioning levers and future provider/service models.

[Equality for all: Delivering safe care seven days a week](#), published in February 2012 by the NHS Improvement Agency, sets a four level incremental approach to delivering 7-day working.

The Seven Day Forum has been informed by the work that royal colleges have already done on setting standards for 7-day working. The Academy of Medical Royal Colleges (AoMRC) published the final report of their [7 Day Consultant Present Care project](#) in December 2012. It recommended three standards:

Standard 1: Hospital inpatients should be reviewed by an on-site consultant 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.

Standard 2: Consultant-supervised interventions and investigations along with reports should be provided seven days a week if the results will change the outcome or status of the patient's care pathway before the next 'normal' working day. This should include interventions which will enable immediate discharge or a shortened length of hospital stay.

Standard 3: Support services both in hospitals and in the primary care setting in the community should be available seven days a week to ensure that the next steps in the patient's care pathway, as determined by the daily consultant-led review, can be taken.

The AoMRC is currently conducting a follow-up piece of work examining what support is required to make these standards a reality, but they have stated that fully realising the above standards would need radical service redesign. This work is expected to report in November 2013.

In [December 2010 the Royal College of Physicians \(RCP\) published a statement](#) that recommended for the first time,

'that any hospital admitting acutely ill patients should have a consultant physician on-site for at least 12 hours per day, seven days a week, who should have no other duties scheduled during this time. All medical wards should have a daily visit from a consultant; in most hospitals this will involve more than one physician.'

The RCP restated the need for 7-day working in their [Hospitals on the edge? The time for action](#) report, published in September 2012. This report brought together evidence to demonstrate the crisis facing acute services. To address these pressures, the RCP convened the [Future Hospital Commission](#) to examine how hospital inpatient care is delivered in an attempt to address this crisis. The final report, published in September 2013, reiterates the recommendation for secondary and community services to contribute to a 7-day service.

Wider system change

The traditional model of both primary and secondary care is under significant pressure due to the need to improve quality and operate more efficiently. There have been some examples of successful service redesign, such as the reconfiguration of stroke services in London.⁶ However, there are system-wide challenges that cut across health and social care, and a whole system approach, which is flexible enough to account for local challenges, is required.

There have been a number of recent developments that are having a significant impact on shaping the way care will be delivered in the future. For example:

- A move towards centres of excellence for certain specialties to enable quality improvement in patient care (such as stroke services in London).
- A challenge to the traditional 'institution based' model for secondary care delivery and a desire for more care to be delivered closer to home (the Future Hospital Commission,⁷ for example).
- A move towards greater integration of health and social care (such as the announcement of £3 billion transfer from health to social care budget in 2013 Spending Review⁸ and Labour's Whole Person Care policy review⁹).

While these developments are much broader than availability of services across the full week, they will have a profound impact on how policy regarding 7-day services is developed and the ability of the system to provide 7-day services.

Access and convenience

There have been some recent policy announcements about access to general practice that have significant overlap for a broader drive towards 7-day services. For example, during the Conservative party conference in 2013, the Prime Minister announced a pilot scheme in England that is designed to give patients access to their GP from 8am – 8pm, seven days a week. The pilot will last a year, starting in April 2014, and has £50 million funding attached to it. Practices are being asked to apply to the fund and there will be ‘pioneers’ announced across nine regions in England. The Government also want pioneers to “innovate services so they better suit modern lives”, for example, by offering Skype and phone consultations. This pilot does not apply to Darzi centres, which often had extended hours, as they have now been closed.

The Secretary of State for Health has also announced plans in England for a named general practitioner for each vulnerable older patient, with the aim of achieving continuity of quality care that is co-ordinated for patients across the seven days of the week. This has significant implications for GPs in terms of responsibility for the quality of out-of-hours care.

These policy announcements appear to focus primarily on extending availability of routine treatment and services in primary care, rather than raising the quality of weekend and out-of-hours urgent and acute services. There has also been significant comment about more routine services being provided in hospital settings seven days a week. For example, [Prof Sir Bruce Keogh's interview in the Sunday Express](#) on 13 October 2013, he stated,

'This is not just about emergency care. It is also about access to doctors, diagnostics and elective operations so that people do not have to miss work to get health care. If someone needs a day-case operation, why can't they have that on Saturday, recover on Sunday and be back to work on Monday?'

What 7-day services might mean in practical terms

Improving care quality for acutely ill patients means more NHS staff, especially senior doctors, on site at weekends and evenings. It also requires other services being available to enable clinicians to provide high quality care as usual, such as diagnostics, social care, care homes (for transfer to and from hospital) and administrative support.

These issues are being examined by NHS England’s Seven Day Forum. Some individual trusts have developed availability of some services over seven days.¹⁰ But, as yet, there has been no robust modelling of what the impact would be on staff numbers and working patterns or what the financial implications would be. Nor has there been robust examination of the clinical evidence for individual specialities on the affect on patient outcomes if services were equally available over seven days. While, for example, most hospital consultants provide on-call, and many work on-site, at weekends and evenings, we do not yet have a clear picture of how many consultants would be required to do more of this, how this would affect their ability to provide care during normal working hours, or how many additional doctors would be required to make it viable across the board.

There is also a difference between providing emergency, urgent and acute care across seven days, and providing the full range of services equally across seven days. Clearly, the latter would have the biggest impact on staff and resources.

The BMA position

Fundamentally, the BMA believes that NHS care should be of the same high quality across seven days.¹¹ The RCP and AoMRC quality standards for the care of acutely ill patients set out a clear aspiration of what should be achieved in all NHS hospitals, but it is clear that there are significant resource implications that require close examination.

In order to achieve this, the BMA stands ready to work with all stakeholders to achieve a clear understanding of what working patterns will be required, especially for hospital consultants, as well as the resource implications. We will support GPs taking part in the recently announced pilots that aim to extend access, although we remain concerned that the current workforce is stretched trying to provide high quality care within current access arrangements. We must ensure that the pilot is used to assess the most cost effective way of improving patient outcomes by extending access to general practice.

We will also play a full role in determining what support services must be available at weekends and evenings, which will allow consultants to maximise the positive effect they can have on patient care by being on-site. In representing doctors across the profession, the BMA can also play a key role in determining a model for 7-day services to improve quality for acutely ill patients across primary and secondary care – essential, if we are to address the system-wide challenges facing the NHS. We believe it is of paramount importance for all stakeholders to work towards a sustainable model that achieves the best outcomes for patients and is fair for doctors.

The BMA believes that urgent and emergency services should be the priority for investment to bring the standard up to the very best, every day. As such, care quality improvement should be the primary driver of 7-day service development for acutely ill patients. Only then can the debate start as to whether a full weekday service can also be afforded at nights, weekends and bank holidays. In the current and foreseeable economic climate, with huge financial pressure on the NHS, the BMA does not believe that the resources could be freed up to deliver routine and elective services seven days a week.

British Medical Association

The British Medical Association (BMA) is the independent trade union and professional association for all doctors working in the UK, and provides members with full representation, employment support, advice and other valuable benefits. The BMA represents doctors practising in all branches of medicine in the UK and has over 150,000 members.

References

- 1 <http://www.england.nhs.uk/ourwork/qual-clin-lead/7ds/>
- 2 An acute problem? A report of the National Confidential Enquiry into Patients Outcome and Death, 2005.
Caring to the end? A report of the National Confidential Enquiry into Patients Outcome and Death, 2009.
Bell CM, Redelmeier DA. Mortality among patients admitted to hospital on weekends as compared with weekdays. *N Engl J Med* 2001; 345: 663-668.
Aylin P, Yunnis A, Bottle A, Majeed A, Bell D. Weekend mortality for emergency admissions. A large, multi centre study. *Qual Saf Health Care* 2010; 19: 213-217
Barba R, Losa JE, Velasco M et al. Mortality among adult patients admitted to the hospital on weekends. *Eur J Intern Med* 2006; 17:322-4
- 3 Dr Foster Intelligence (2012) [Fit for the Future? The Good Hospital Guide 2012](#),
Freeman, N. Et al (2012) [Weekend hospitalization and additional risk of death: An analysis of inpatient data](#) *J R Soc Med* February 2012 vol. 105no. 2 74-84
- 4 Dr Foster Intelligence (2012) [Fit for the Future? The Good Hospital Guide 2012](#)
Freeman, N. Et al (2012) [Weekend hospitalization and additional risk of death: An analysis of inpatient data](#) *J R Soc Med* February 2012 vol. 105no. 2 74-84
- 5 Freeman, N. Et al (2012) [Weekend hospitalization and additional risk of death: An analysis of inpatient data](#) *J R Soc Med* February 2012 vol. 105no. 2 74-84
- 6 For more information see <http://www.kingsfund.org.uk/audio-video/ruth-carnall-legacy-nhs-london>
- 7 For more information, see <http://www.rcplondon.ac.uk/projects/future-hospital-commission>
- 8 For more information, see <https://www.gov.uk/government/publications/spending-round-2013-documents>
- 9 For more information, see <http://www.labour.org.uk/andy-burnhams-speech-to-the-kings-fund-whole-person-care, 2013-01-24>
- 10 For more information, see <http://www.improvement.nhs.uk/7DayServices/SevenDayWorkingCaseStudies/tabcid/219/Default.aspx>
- 11 BMA Annual Representatives Meeting policy states:
That this Meeting recognises the need for safe, high quality emergency and in-patient care throughout the week and notes that delivering emergency care is not the same as providing comprehensive non-urgent, elective and planned care on a seven day, 24 hour basis