Seven Day Services: Board briefing

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Executive summary
The Trust’s corporate priorities for 2015/16 include an action under the Transformation Programme to “progress plans to implement six day working where appropriate.” Discussion at Manex and TMB highlighted the need for an initial piece of strategy work to define the issues and scope of work. The output of this initial work will inform discussion on the implementation of any required change in service provision.

This paper sets out the current national and local context of the seven day services debate. It also highlights the issues raised to date in conversations with staff. These include:

- The relevance of the clinical case for seven day services to Moorfields
- The rationale for Moorfields to deliver seven day services
- The issue of patient need and perspective
- The current efficiency within core hours
- The opportunities for extending elective work
- Staff capacity, training and retention

National context
The issue of seven day services has received significant coverage in the national media over the past few years. Most recently coverage has centred on the BMA negotiations with NHS Employers and the resultant #ImInWorkJeremy campaign.

The public debate has been driven by and resulted in policy work by the Department of Health, NHS England and the Royal Colleges. Much of the debate relates to emergency admissions at acute general hospitals. The body of evidence used to drive seven day services revealed there were a number of issues that resulted in a high risk of mortality over the weekend. These include sicker patients, a lack of consistent senior supervision, a lack of immediate availability of radiology, endoscopy and other key diagnostics.

Research into “the Weekend Effect” on patient outcomes and mortality has identified four outcome measures:

1. Patient experience
2. Mortality rates
3. Length of hospital stay
4. Re-admission rates

It is clear that some of these are not direct indicators of performance for the care provided at Moorfields. We are framing our thinking around two issues:

1. Is the standard of care out-of-hours and over the weekend poorer at Moorfields?
2. Are we failing to address patient need by not providing more out-of-hour and weekend services?

Local context
Initial meetings have been held with staff including a range of managers, clinicians, allied health professionals and volunteers. These conversations will be ongoing and output from this will be used to inform further stages of work.

1 http://www.bbc.co.uk/news/uk-33578990
It is widely believed that the clinical case for seven day services is marginally applicable to Moorfields. This is reflective of the outcome measures used to evidence the seven day services debate.

However, what is not clear is the patient perspective specific to Moorfields. There are lessons to be learnt from the evaluation of GP pilots offering Saturday and Sunday appointments\(^3\). Poor demand was reported for Saturday evening and Sunday appointments\(^4\).

Moorfields already hold regular clinics and theatre sessions on a Saturday and there are evening clinics during the week. The rationale behind this is thought to be related to pressure for additional capacity and the inability to provide this during core hours.

In the absence of meaningful outcomes taken from national data it is important to establish how Moorfields defines ‘good’ and to which clinical specialties, patient groups and sites this applies. Measures such as patient experience, patient waiting times, DNA rates, and incident reporting compared across core hours, out-of-hours and across the week will be considered in this initial phase of work. It is also important to consider whether lack of senior cover out-of-hours results in delay in diagnosis and therefore management of acute ophthalmic disease.

To date there has been limited local research into whether there is a variation in the quality of care across the week. Previous work undertaken by the Trust that may be relevant to the issue includes, but is not limited to:

- Multisystem multisite care in MEH: a review, 2014
- Report following the review of Accident & Emergency services at City road, April 2015

There has been discussion around the current efficiency of work within core hours. If the rationale for Moorfields to undertake seven day services is to increase capacity, the case for improving administration of clinic and theatre bookings should be tested. In February 2015 FourEyes Insight undertook a theatre diagnostic review; they found a potential extra 24%\(^5\) capacity across all specialty theatre sessions within core hours\(^6\). This hypothesis will be explored and tested further.

It is also suggested that planned, non-urgent care should be made more available to patients at weekends and evenings. Moorfields must consider whether it wishes to extend its current provision of elective care to patients. Further issues have been raised around what type of elective care this will entail. Anecdotal evidence has been given for the popularity of weekend work at satellite sites due to public transport and convenience. This raises questions of equity of access, particularly if services such as transport, translation services, or volunteers are not available.

Further work will be undertaken with due consideration of the social cost to staff. Are current working patterns sustainable and how should we negotiate changes across all levels? The importance of ensuring staff training and professional development for recruitment and retention is stressed. Greater senior supervision can lead to improved training opportunities for junior staff\(^7\).

**Next steps**

The strategy and business development team will complete their initial review and feedback to the Board at their meeting in January 2016.

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5. Average across 9 surgical sub-specialties.
6. FourEyes Insight, Theatre Diagnostic Review draft report, 6 February 2015 [internal]