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Royal College of Surgeons

Policy briefing

Seven day care – our view

SUMMARY

It is widely recognised that the same quality of care is not currently available to patients across the week and we strongly support the move towards seven-day services in the NHS to improve patient outcomes. We believe:

- The NHS' current focus should be on reducing mortality for patients requiring urgent and emergency treatment, as well as the care of patients who are already in hospital at the weekend.
- Early senior consultant doctor involvement is crucial. 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 a patient's care.
- The Government or NHS England should commission in-depth financial modelling of the anticipated cost of seven-day services.
- To support seven day urgent and emergency care in hospitals, NHS England should examine how to improve seven day care in primary, community and social care.
- The Care Quality Commission should review what more it can do to assess the availability of weekend services as part of their assessment of hospital safety.
- To examine where seven-day care would be most beneficial, existing clinical audits should analyse trends in the standards and outcomes of care across the week.

BACKGROUND

It is widely accepted that there are differences in patient outcomes depending on weekend or weekday hospital admission. There are likely to be multiple causes for this; the average patient admitted at the weekend is sometimes sicker, but there is also widespread evidence that the levels of staffing and access to diagnostics for patients requiring treatment are worse including for urgent and emergency care.

The Royal College of Surgeons therefore strongly supports the need to move to seven-day services in the NHS. Given finite resources, we believe the NHS' current focus should be on reducing mortality for patients requiring urgent and emergency treatment, as well as the care of patients who are already in hospital at the weekend. There needs to be particular attention on conditions and services where weekend mortality is higher.

Early senior consultant doctor involvement is

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crucial. There is a large body of evidence associating timely consultant input to patient care with improved outcomes[1]. This needs to be backed up by support from all services and staff essential to the care of urgent and emergency patients.

Although the debate has focused on care at the weekends, it is important the same principles are maintained at nights and at times of the year when many NHS staff are on holiday.

'Seven day care' is also not the same as 'seven day working'. This is not about making NHS staff work seven days a week, but in changing the way they work across the week by, for example, changing rotas and shift patterns.

This briefing sets out why we need seven day care in the NHS, and what we believe needs to be done to make this happen.

IS MORTALITY HIGHER AT THE WEEKEND?

The academic literature shows mortality is slightly, but significantly, increased following weekend admission to English hospitals, and this trend is found internationally. A number of studies, such as the 2011 Dr Foster Hospital Guide and a widely quoted academic study in 2012[2], have shown that people are less likely to receive prompt treatment and more likely to die if they are admitted to a hospital at the weekend. These problems do not just apply to planned care: a 2010 study in *BMJ Quality and Safety*[3] showed mortality is approximately 10% higher for all emergency patients at the weekend.

Estimates for England vary from an increase in relative mortality risk from 6 to 16 per cent, and one estimate suggests that the 'weekend effect' translates into 5000 excess deaths each year[4]. A report commissioned by NHS London in 2011 concluded that increasing cover by consultants in acute medical and surgical units at weekends could prevent more than 500 deaths a year in London alone.

However, the cause of increased weekend mortality is likely multifactorial; to date there is a lack of evidence for specific causes having a *large* effect on their own.

Are patients sicker at the weekend?

Any effect might partly be explained by the average admitted patient being sicker at weekends. For example, some studies have found that patients admitted at weekends were thought to be sicker, more likely to have injuries sustained through dangerous leisure activities, and more likely to be involved in violent episodes or to be intoxicated.[5]

The impact of standards of care

We also know that the standards of care in many hospitals are worse at weekends, including in urgent and emergency care. We

[1] http://www.england.nhs.uk/wp-content/uploads/2013/12/evidence-base.pdf

[2] *Freemantle N, Richardson M, Wood J, Ray D, Khosla S, Shanian D, Roche WR, Stephens I, Keogh B, Pegano D (2012): Weekend hospitalisation and additional risk of death: An analysis of inpatient data J R Soc Med 2012 Feb;105(2):74-84*

[3] *Qual Saf Health Care 2010;19:213-217*

[4] https://www.gov.uk/government/publications/higher-risk-of-death-associated-with-weekend-hospitalisation/higher-risk-of-death-associated-with-weekend-hospitalisation *Accessed 20 August 2015*

[5] See http://www.hislac.org/pages/resources.html

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detail these below.

CURRENT STANDARDS OF CARE AT THE WEEKEND

At present the same standards of care do not universally exist at the weekend. This fact is widely acknowledged for planned (elective) care but there is evidence it is also true for some urgent and emergency services. This will vary by specific area and specialty.

Although consultant doctors cannot opt-out of emergency work at weekends and many doctors work hard outside of core weekday hours, there is still evidence that consultant weekend presence for emergencies is lower for at least some specialties. For example, the National Emergency Laparotomy Audit (NELA) published in June 2015[6] found that consultant surgeons and consultant anaesthetists were present for only 61 per cent of emergency laparotomy operations that started in the evenings and at weekends, compared to 75 per cent for weekday operations during daytime working hours. This fell further to 41% after midnight. This is despite the report showing that more high-risk patients have emergency bowel surgery out of hours.

Consultant involvement is important for a number of reasons including diagnosis, timely investigations and treatment, helping patients to understand their care, and for discharge planning.

Similarly, a recent East Midlands clinical senate found that not one of the ten acute trusts in the region were meeting NHS England's seven day care standards for urgent and emergency care. Not even during core hours in some cases. The availability of mental health; multi-disciplinary team review; and transfer to primary, community, and social care; were found to be particularly inconsistent across the week.[7]

RECOMMENDATIONS FOR IMPROVING THE EVIDENCE BASE

Many of the studies quoted in the debates on seven-day care tend to look at large numbers of patient outcomes across multiple conditions and medical specialties. As a result, they sometimes fail to adequately disentangle the possible effects causing higher relative mortality at weekends.

Future studies would benefit the evidence base by:

- Comparing weekday and weekend mortality for the same type of procedure to build up a more accurate picture of weekend mortality, especially for higher risk procedures and conditions. This would aid decisions about where to prioritise resources. Comparing conditions which may be less affected by weekend lifestyle factors such as higher alcohol consumption would also benefit the debate.
- Examining outcomes other than mortality. For example, are patient reported outcome

[6] National Emergency Laparotomy Audit (2015). The First Patient Report of the National Emergency Laparotomy Audit

[7] East Midlands Clinical Senate (2014) *7 Day Services Project: Acute Collaborative Report*.

measures better or worse for those admitted at the weekend?
- Reviewing the data from current seven-day care pilot sites.

It would be helpful if more clinical audits also looked at variations in mortality by day of the week and time of the day.

OTHER BENEFITS OF SEVEN-DAY CARE

Providing seven-day services is also about improving the way patients experience care. Providing better care at the weekends allows patients in hospital to avoid unnecessary stays.

Seven-day care may also reduce pressure and stress on doctors. For example, consultants can spend much of Monday morning dealing with weekend admissions that are waiting for review or discharge.

WHAT NEEDS TO BE DONE TO SUPPORT SEVEN-DAY CARE

Consultant-led reviews of hospital patients at weekends

An Academy of Medical Royal Colleges' (AoMRC) project[8] set three clear standards for the service in delivering seven day care to hospital inpatients. These included a patient review 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 a patient's care pathway. Similar standards have been published by NHS England[9].

During the period between consultant reviews there may be considerable changes in a patient's condition. Daily consultant-led review could result in earlier recognition of deterioration in a patient's condition, or identify a diagnosis that was not apparent at the time of the initial consultant review.

At present, a patient admitted on a Thursday night will usually be seen by a consultant on Friday morning, but may then wait until Monday for their next scheduled consultant review. This might be prolonged further if there is a bank holiday Monday. This is clearly unacceptable.

To achieve this change, the NHS will require additional consultant appointments as well as a reorganisation of the existing consultant workforce. For example, the AoMRC estimates that the total amount of consultant time required for inpatient daily reviews at weekends for most medical specialties will equate to around six hours per day for every 30 inpatients.

Ensuring seven-day support services

However, it is not enough to have greater availability of hospital consultants and multi-disciplinary teams at the weekend if other hospital services are not available, or without improvements in the accessibility of social care, community and primary care services at the weekend. There are a number of hospital-based services the AoMRC project identified as being needed regularly at weekends including:

- Pharmacy;
- Physiotherapy;
- Specialist nurse review;
- Dietetics/nutrition;

[8] Academy of Medical Royal Colleges (2013). *Seven Day Consultant Present Care: Implementation Considerations*
[9] http://www.hsj.co.uk/Journals/2015/08/18/k/h/k/7-day-services-letter.pdf

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- Occupational therapy;
- Swallow assessment;
- Speech and language therapy.

For some patients, progression of their care may benefit from direct communication between the hospital consultant and their general practitioner. Current arrangements for out-of-hours primary care at weekends are variable and many do not facilitate this.

WHAT THE GOVERNMENT AND NHS ENGLAND CAN DO

We recognise the resource implications for ensuring the same standards of care are available every single day of the year. We therefore believe the Government and NHS' focus needs to be on improving the care of urgent and emergency patients, and those patients who are already in-hospital at nights and weekends. As part of this, it is right that the Government continues to review how NHS staff contracts can be improved to support seven-day care bearing in mind that a valued, enthusiastic and incentivised workforce will provide better patient care.

In the current financial environment, this may mean the NHS needs to centralise services onto fewer sites to ensure there is sufficient consultant cover and availability of services. In other words, we will need to reconfigure some services. Politicians should avoid opposing service changes which are evidence based, have been consulted on, and are required to support seven-day care.

To aid NHS planning, we believe the Government or NHS England should commission in-depth financial modelling of the anticipated cost of seven-day services. While there are likely to be some cost savings associated with seven-day care (such as quicker discharge), there will inevitably be a financial impact – especially in the short-term – for providing the same quality of care every day of the week. Modelling how to shift resources in a way which minimises any detrimental impact on weekday care would also help.

To support seven day urgent and emergency care in hospitals, NHS England should examine how to improve the availability of diagnostics, pharmacy and other relevant services in hospital, as well as appropriate seven day care in primary, community and social care.

The Care Quality Commission should review what more it can do to assess the availability of weekend services as part of their assessment of hospital safety. This should include examining how each hospital organises all services essential for seven-day urgent and emergency care.

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