

East of England Clinical Senate

Assembly
21st October 2014



Celia Ingham Clark

MBE

Director for Reducing Premature
Mortality at NHS England



7 day services

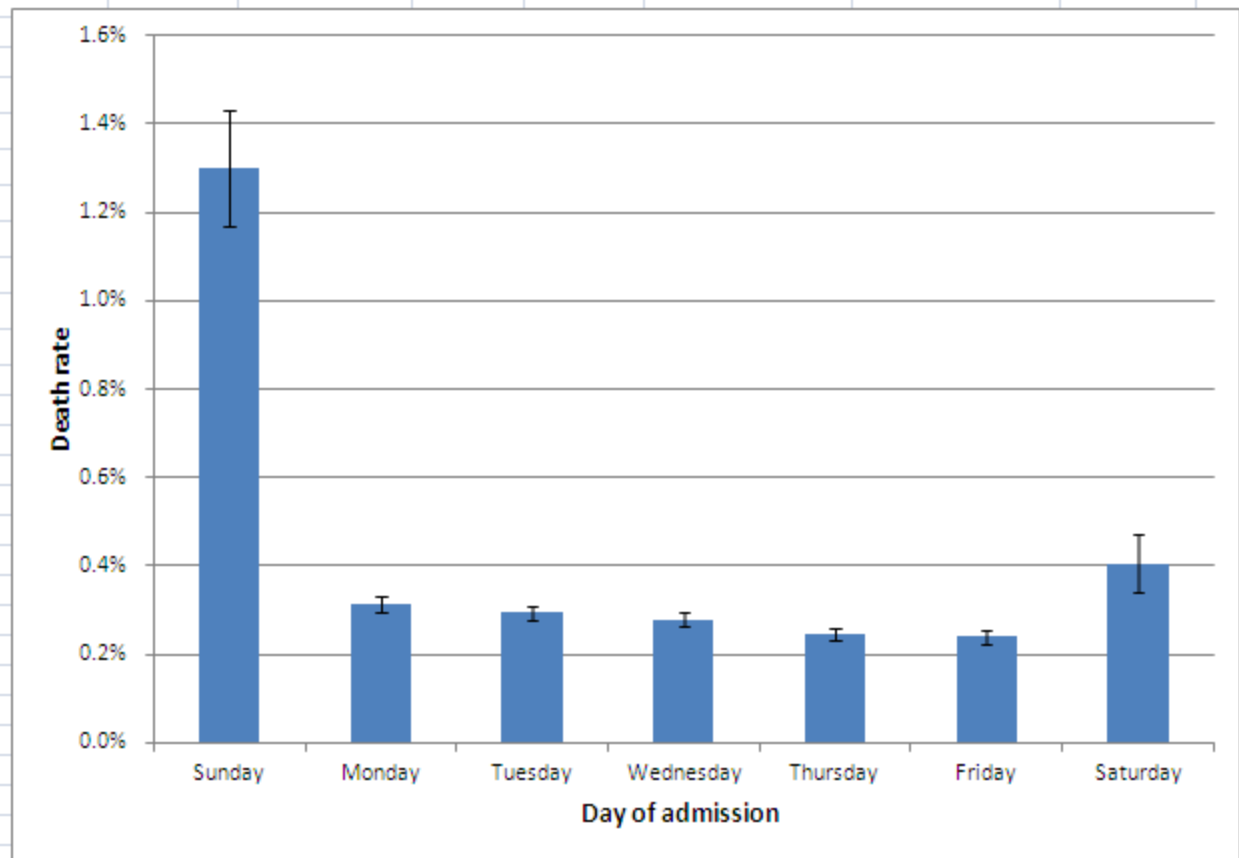
Celia Ingham Clark
Director for Reducing
Premature Mortality at
NHS England

7 day services, Why?

- The 7 Day Services Forum report points to significant variation in outcomes for patients admitted to hospitals at the weekend across the NHS in England
- Higher:
 - Mortality
 - Length of Stay
 - Readmission rates

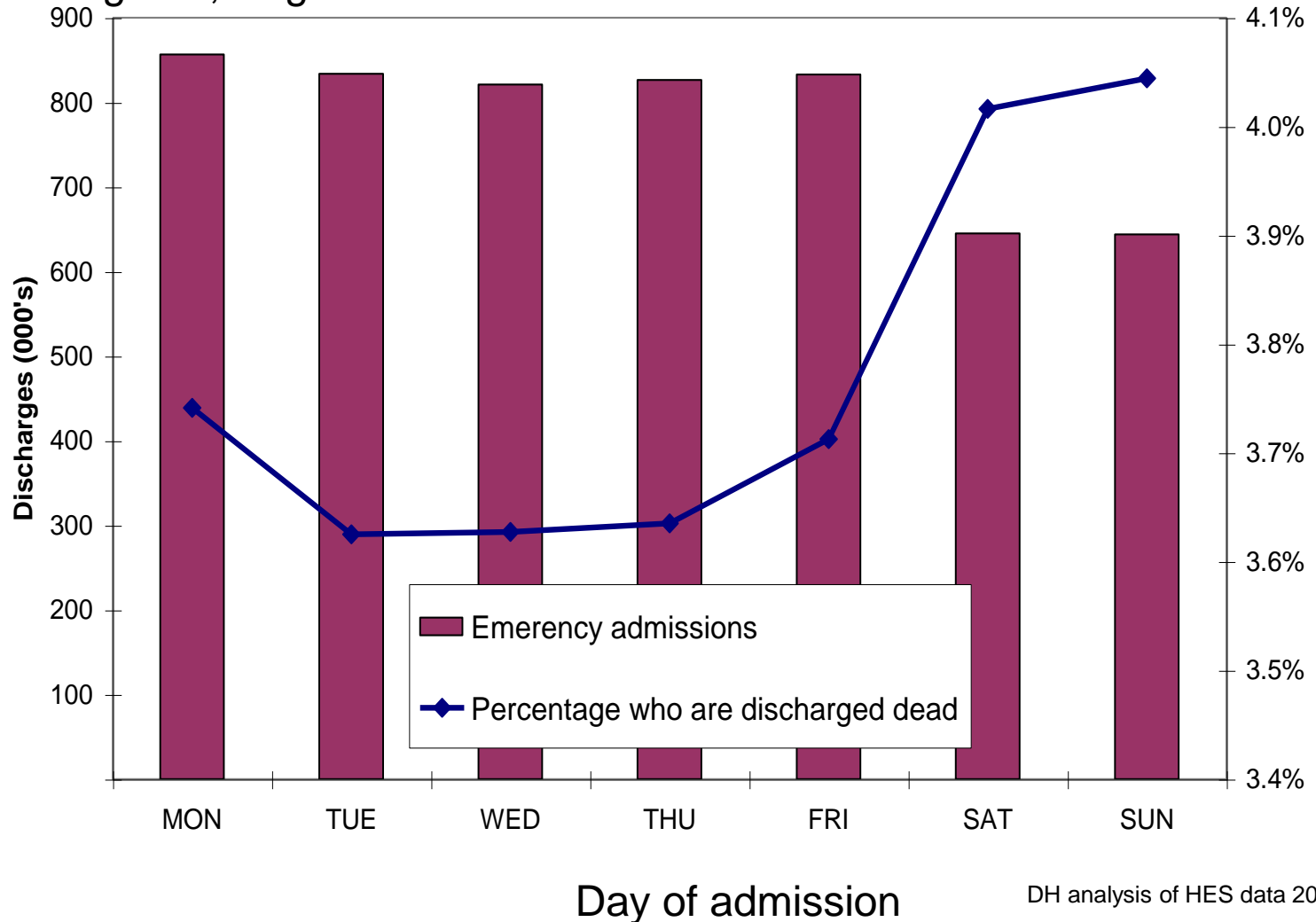
Standardised mortality ratio for elective admissions by day of admission (HSMR basket)

Day of admission	Observed	Expected	Denominator	RR	Rate	Lower 95% CL death rate (binomial exact)	Upper 95% CL death rate (binomial exact)	Lower Error bar	Upper error bar	Expected rate
Sunday	1	359	27640	112.60	1.30%	1.17%	1.43%	0.13%	0.13%	1.15%
Monday	2	1109	351759	99.42	0.32%	0.30%	0.33%	0.02%	0.02%	0.32%
Tuesday	3	1166	396581	102.45	0.29%	0.28%	0.31%	0.02%	0.02%	0.29%
Wednesday	4	1129	404420	103.26	0.28%	0.26%	0.30%	0.02%	0.02%	0.27%
Thursday	5	991	402648	100.71	0.25%	0.23%	0.26%	0.02%	0.02%	0.24%
Friday	6	788	327563	120.69	0.24%	0.22%	0.26%	0.02%	0.02%	0.20%
Saturday	7	154	38025	147.46	0.40%	0.34%	0.47%	0.06%	0.07%	0.27%

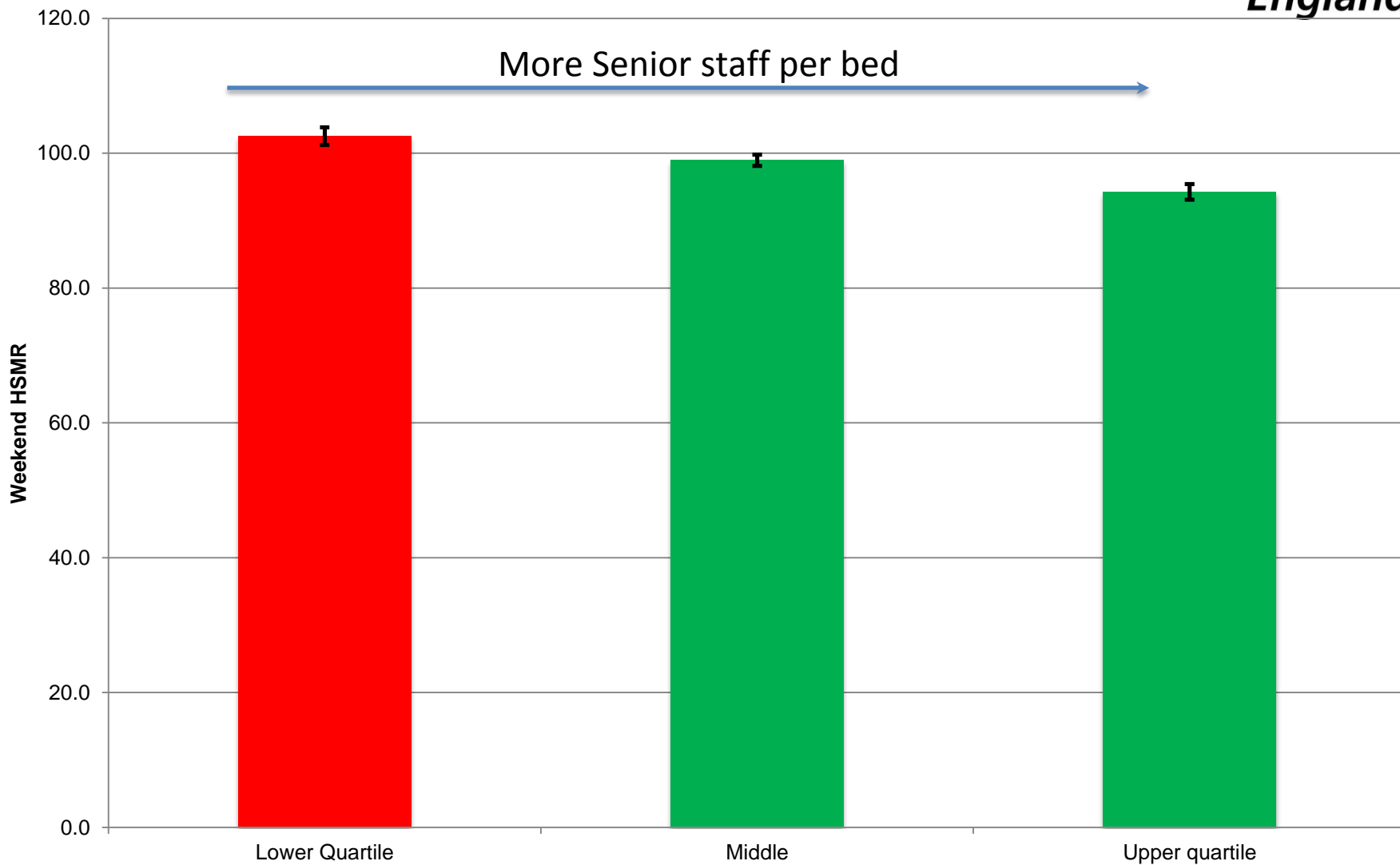


Fewer people are admitted to hospital as an emergency at the weekend but...

National figures, England 2010/11



Senior Staff per bed at weekend vs weekend HSMR

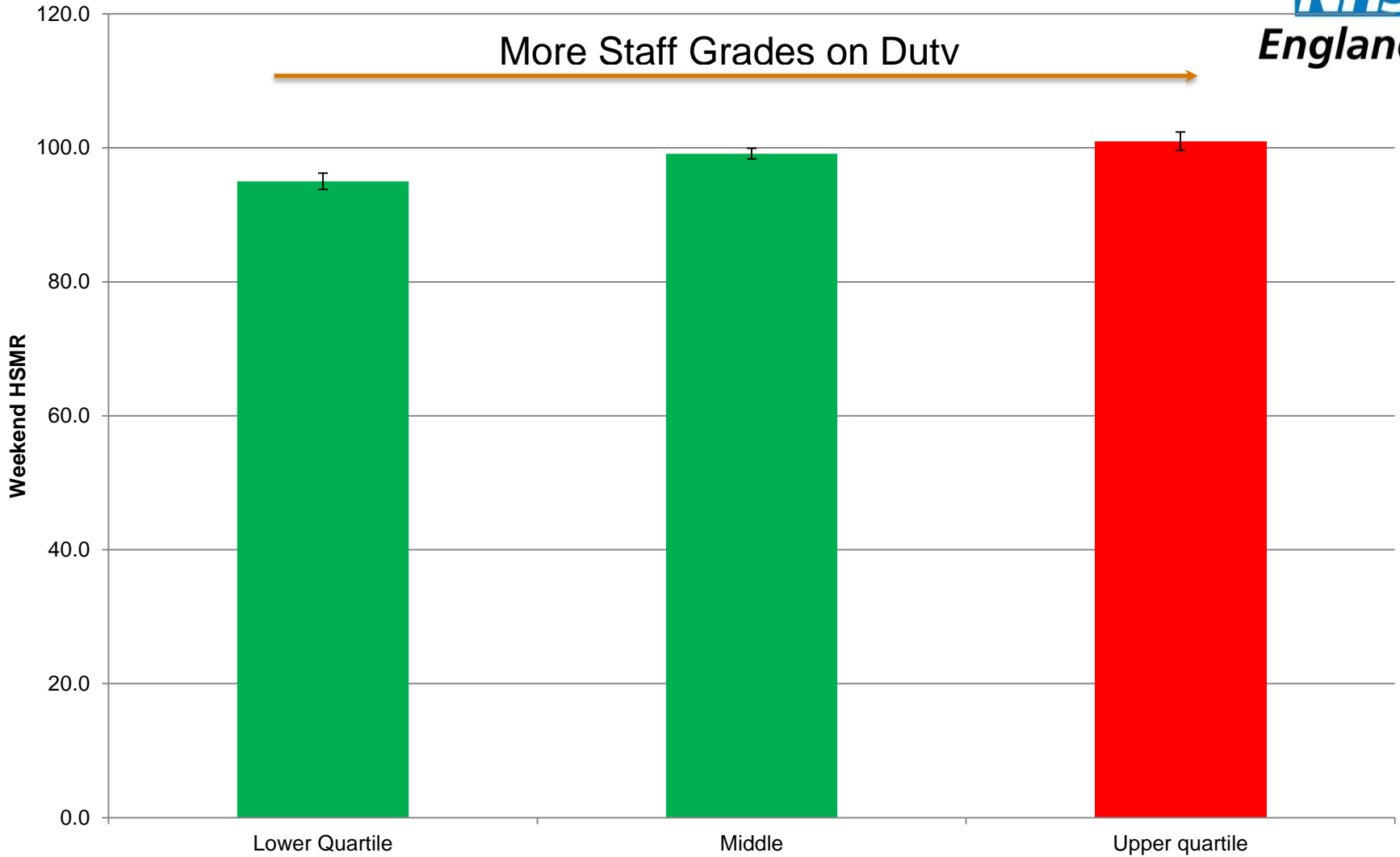


Staff Grade Drs as a percentage of all Drs



England

More Staff Grades on Dutv



7 day services, Why?

Causes include:

- Variable staffing levels in hospitals at the weekend;
- Fewer decisions-makers of consultant level and experience;
- A lack of consistent support services such as diagnostics and
- A lack of community and primary care services that could prevent some unnecessary admissions **and** support timely discharge.

The “What”

- Standards for Primary Care and Secondary Care
- 10 standards already published for Acute Care
 - With a timetable for their implementation through commissioning contracts
- Use of Better Care Fund to support change

The Standards, 1-5

1. Patient-focused care
2. All admissions seen by a suitable consultant within 14 hrs of admission, or
within 6 hours between 0800-2000 except,
Patients who are very ill, where it should be 1 hour.
3. 14 hour review by a Multidisciplinary Team inc. Physio, Pharmacist, (and OT if a Medical patient)
4. Handovers by competent decision maker
5. Hospital inpatients must have scheduled seven-day access to diagnostic services

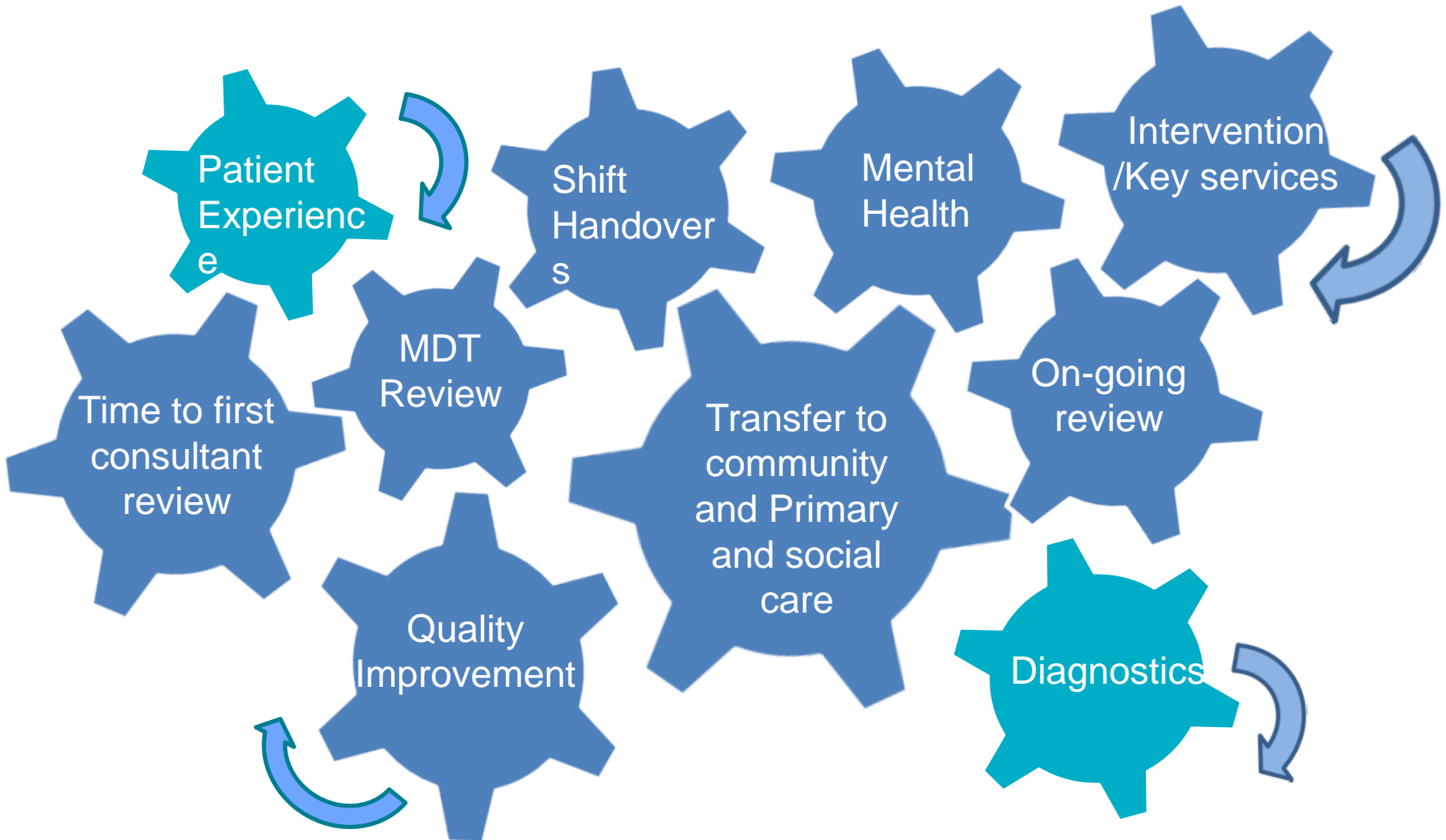
The Standards, 6-8

6. Hospital inpatients must have timely 24 hour access, seven days a week, to consultant-directed interventions
7. Where a mental health need is identified following an acute admission the patient must be assessed by psychiatric liaison within the appropriate timescales, 24 hours a day, seven days a week:
1 hour- Emergency, 14 hours Urgent
8. Once transferred from the acute area of the hospital to a general ward patients should be reviewed during a consultant-delivered ward round at least once every 24 hours, seven days a week, unless “not necessary”

The Standards, 9-10

9. Support services, both in the hospital and in primary, community and mental health settings must be available seven days a week
10. All those involved in the delivery of acute care must participate in the review of patient outcomes to drive care quality improvement. The duties, working hours and supervision of trainees in all healthcare professions must be consistent with the delivery of high-quality, safe patient care, seven days a week.

The 10 Clinical Standards



Delivering the Standards - Three year plan

Year 1 2014/15

- By March 2015 Local contracts include **Provider development of an Action Plan** to deliver the clinical standards, within the *Service Development and Improvement Plan Section*.

Year 2 2015/16

- By March 2016 Those clinical standards which will have the greatest impact should move into the *national quality requirements section* of the NHS standard contract.

Year 3 2016/17

- By March 2017 All clinical standards should be incorporated into the *national quality requirements section* of the NHS standard contract with appropriate contractual sanctions in place for non-compliance, as is the case with other high priority service requirements.

The “How” What's in place?

- NHSE 7 DS Implementation Programme Board
 - Undertaking modelling inc. financial modelling and workforce
- Multi-agency Implementation subgroup including:
 - NHSE directorate leads
 - Monitor
 - TDA
 - HEE
 - NHSIQ

The “How”

- NHSIQ supporting pilots
- Baseline toolkits used by pilots, now available to all
- Oversight of implementation by NHSE, CCGs, Monitor, and TDA supplemented by the CQC inspection process

What are the early adopters communities telling us?

- Integrated approach
- Where do we start? – the baseline
 - Baseline improvement tool live April 2014.
- Mixed awareness re clinical standards
 - Definitions, evidence based, how to
- Consistent themes, finance, workforce
- Culture & leadership
- 7 day working v 7 day services
- Won the morale argument – this is the right thing -

NHSIQ Early Adopters

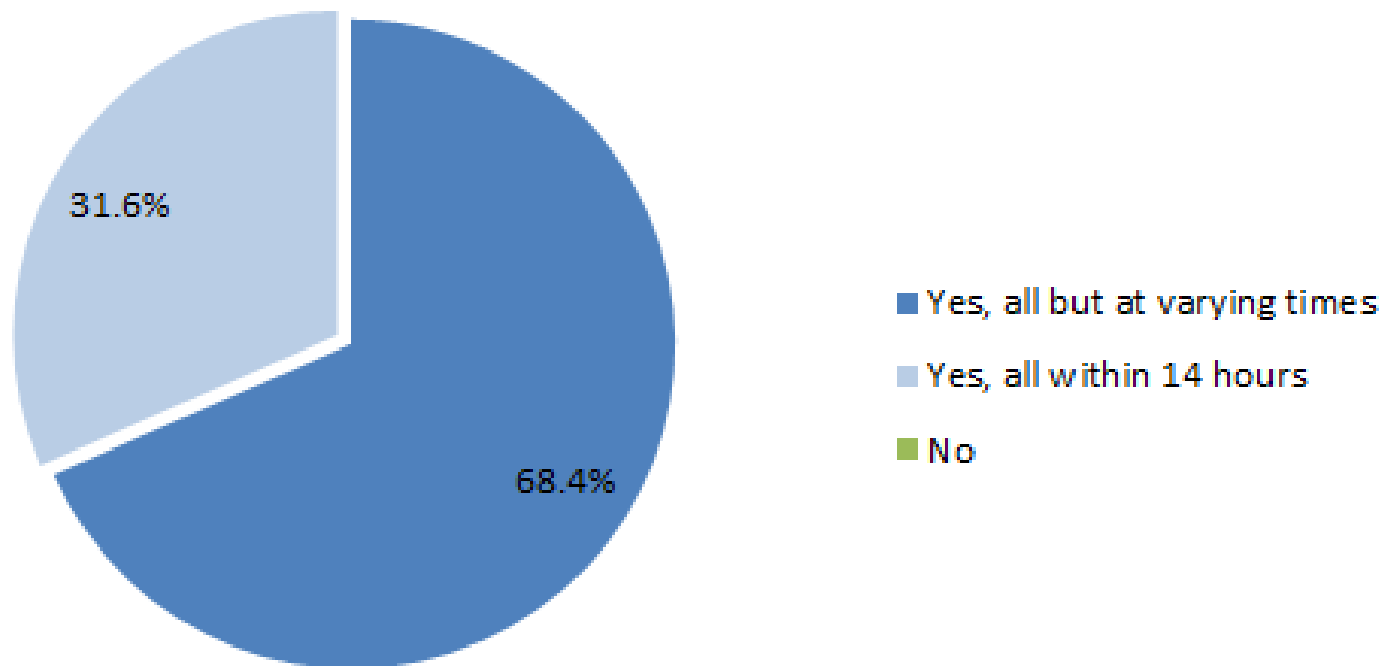


Uptake of baseline toolkit Sept 14

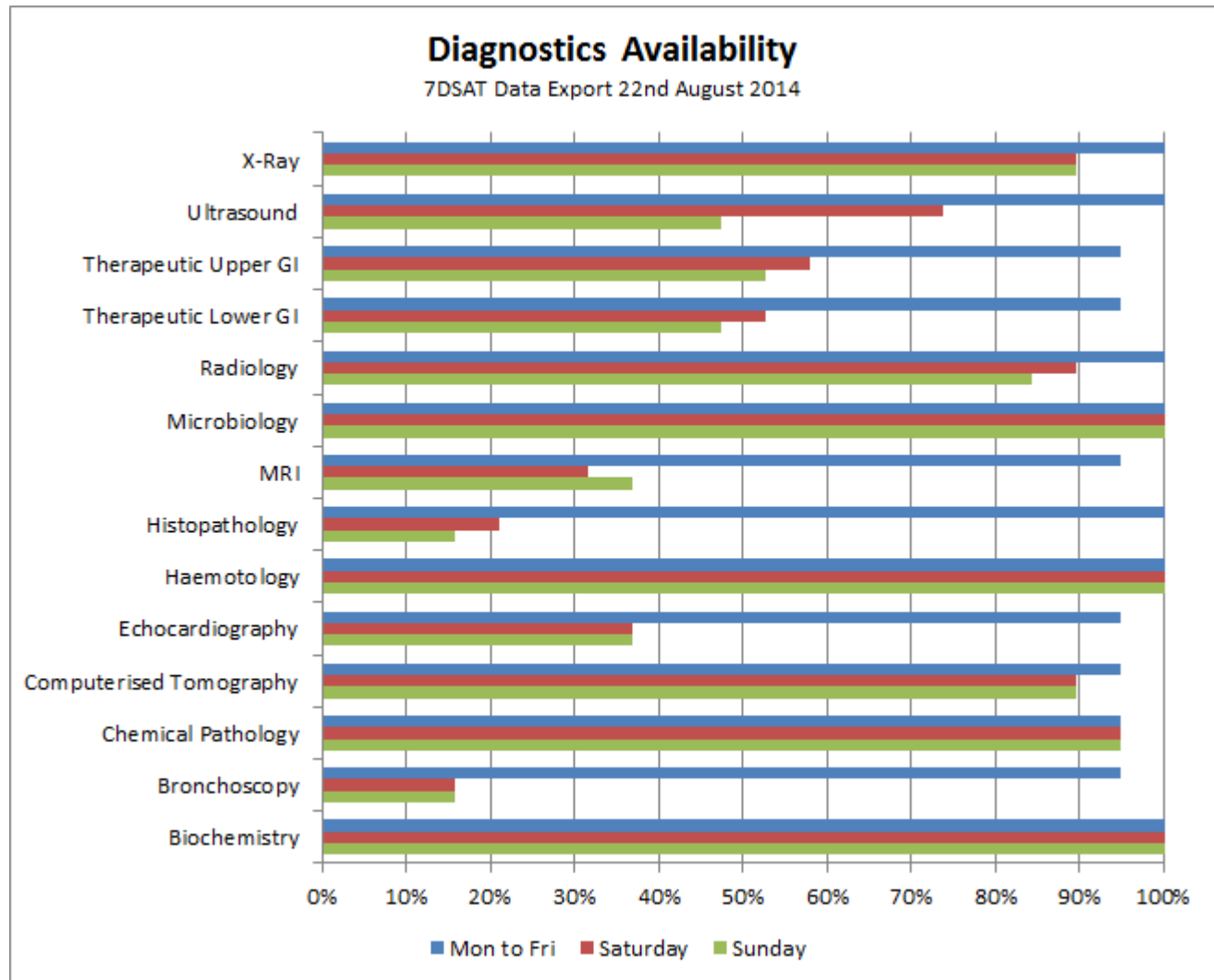


Do all patients admitted as an emergency receive clinical assessment by a suitable consultant?

7DSAT data extract 22nd August 20



Standard 5 and 6



Easy Metric



But

- If we deliver seven day services...
...that may attract more work to the hospitals
- So we need to extend our planning to the whole health and social care system

Next steps

- Health communities need to have a 7 day services plan for March 2015
- The NHSIQ toolkit is available to baseline
- TDA/Monitor are looking to providers to do this work with their health community
- CQC will be inspecting and looking for plans for 7 day services
- The additional costs are being calculated

NHS: Clinically Led

- Once in a lifetime opportunity
- We have to work together,
- You have to deliver that meaningful change...