# Introducing a 7-day service: the benefits of increased consultant presence

This Future Hospital Programme case study comes from Wrightington, Wigan & Leigh NHS Foundation Trust (WWL). Here, Dr Stephen Gulliford showcases the implementation of a 7-day service; an important principle highlighted in the Future Hospital Commission report.

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# 7-day services

## Key recommendations

- Successful implementation of a 7-day service requires engagement and collaboration between NHS trusts, social care partners and clinical commissioning groups (CCGs).

- 7-day consultant presence has the potential to improve patient experience, contribute towards a reduction in mortality rates, reduce length of stay and improve performance against the 4 hour accident and emergency target. A number of initiatives have been implemented in the Trust in the last 2–3 years and we feel that all of the changes made have contributed to our observed reduction in deaths (reported by Dr Foster) and that having enhanced 7-day consultant presence is one of those positive influencing factors. (The Trust mortality data is provided in figures 1–4 in the resources document at the end of the case study).

- Incentivising weekend working is important. It can result in reduced evening work for clinicians and relieve some of the pressure on clinicians on Monday mornings.

- Enhanced, 7-day services across the whole multidisciplinary team (MDT), as well as 7-day consultant presence, are crucial.

- Adequately fulfilling the additional staff requirements to deliver a 7-day service can take considerable time – in this particular case, at least 18 months.

## The challenge

Consultant resource within WWL was particularly limited during the evenings. This was compounded further by a limited consultant presence between Friday evenings and Monday mornings. As a result, weekend morning and evening ward rounds suffered; reviews were undertaken of newly admitted patients only; and many patients were left waiting long periods of time before seeing a senior doctor.

Recent data now suggests that more than 95% of patients referred to medicine at the Trust are seen by a consultant within 4 hours of referral. Even just 5 years ago this figure was considerably less, with some patients waiting up to 14 hours to see a consultant on the single-consultant-led post-take ward round. Staff feel that the current system ensures that their patients are receiving more timely Consultant review and input and that patients management plans are clearer earlier. Indeed, this only serves to improve patient care and experience.

## Local context

WWL is a major acute trust serving the people of the Borough of Wigan. We are dedicated to providing the best possible healthcare for the local population of over 300,000. We operate across three hospital sites and have 758 inpatient beds. We invest over £220 million each year in a broad range of highly

regarded general and specialist acute services. We are committed to designing services around the needs of patients and supporting patients to receive care as close to their home as possible.

## Our solution

In 2013 a business case was put together in partnership with Wigan Borough clinical commissioning group (CCG) to begin the implementation of a 7-day service operating across the WWL Trust. £2.1 million was allocated from the CCG to the Trust so we could bring the necessary staff on board for a 7-day service to commence.

## Staffing

A total of 32 new members of staff were employed, including:

- three acute physicians
- three emergency medicine consultants
- two junior foundation year 2 (FY2) doctors (who were on unbanded GP jobs and brought onto a 1:12 weekend rota)
- increased pharmacy and nursing support
- increased discharge teams, with a 1.6 whole time equivalent (WTE) increase in discharge assistants.

The inclusion of the wider group of staff members has been crucial to the success we have seen in improving weekend emergency care at the Trust. The time it took to do this proved to be a particular barrier for us in this early stage of the project. Adequately fulfilling the additional staff requirements took at least 18 months.

Once the decision has been made to discharge a patient, the wider team will take over and ensure that the process continues in a timely fashion to facilitate that discharge. It is not effective to simply increase consultant working at the weekend without this team approach also being taken. The move to change the consultant rota occurred first and was the driver to encourage all of the other staff groups to enhance the service(s) they provide at the weekend to support this extended consultant input.

This knock-on effect has been received positively by the other staff groups as they feel more supported by senior consultant staff at the weekend and they also have a greater understanding now of the benefits to the wider patient population of maintaining flow at the weekend.

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> Dr Stephen Gulliford, Wrightington, Wigan & Leigh NHS Foundation Trust

## Designing a new rota

Before the establishment of the 7-day service, the rota arrangement meant that one physician would come in to do the morning rounds and return later in the evening. As we moved towards the 7-day service, resulting from the implementation of new staff, two physicians would come in to do morning and evening rounds.

It took a lot of negotiating, working around existing rotas and job plans, but in the end we were able to set up a strong, reliable post-take rota system. We found that a core principle in establishing these rotas was to have equity of work; an equality between general and acute physicians. It was essential to dispel myths and make clear that everyone was expected to do an equal amount of work. To this end we now have 8.5 WTE acute physicians.

Additionally, we found it of great importance to have the right number of staff from the right specialties in over all working periods.

## 7-day services

Acute and post-take from Monday to Friday runs between 8am and 9pm, this is run entirely by acute physicians. General physicians (consisting of respiratory, care of the elderly (CoE), diabetes and endocrinology) operate from home, providing telephone advice, with the requirement to come in when needed, but no fixed on-site post-take commitments Monday-Friday.

The weekend rota, which is a little more complex, runs Saturday and Sunday between 8am and 9pm, with all physicians (acute and specialty) operating on a 1:6 rota. This provides a continuous on-site presence with varying shifts:

- two consultants work 8am–12.30pm, undertaking post-take ward rounds on the acute medical units (AMUs)
- one consultant works 8am–4pm, undertaking a discharge ward round. They are assisted by a junior doctor, social worker and a member of the discharge team. The consultant covers all medical wards and outliers on the surgical wards (three surgical wards total) if the patient is acutely unwell and in need of a medical plan or are identified for discharge
- it is the discharge team (band 4 discharge assistant and band 7 team leader) who work with the ward nurses to identify the patients to be seen
- on the specialty wards, one consultant works 3pm–9pm and undertakes real-time reviews and post-take work in the evening. This includes one cardiologist and one gastro (respiratory do not do in reach)
- the cardiologist and gastro see their specialty patients on their own specialty wards. The discharge ward round consultant will see medical patients on the elderly, diabetes wards and will also see the non-cardiac general medical patients highlighted on the cardiorespiratory wards for discharge
- the service is also supported by gastroenterology and cardiology consultants. They work on a 'hot-week' on-call basis and provide in-reach at the weekend, as well as undertaking ward rounds Saturday and Sundays on their respective specialty wards. During this week these specialty consultants have no other fixed commitments (eg outpatient clinics) and so they are available to attend to acutely unwell inpatients and provide timely specialist advice/input into managing their condition.

It is now accepted practice that there will be a discharge ward round. Colleagues will specify before the weekend if they do not want a patient to be discharged on this weekend review round and justify why. Conversely, many colleagues now automatically highlight patients for review over the weekend with a view to discharge as well. We don't have any problems now of 'You discharged my patient and I'm unhappy about it!'

We have four machines on both the male and female cardiorespiratory units (both 28-bedded wards) and we do non-invasive ventilation (NIV). We also start NIV in resuscitation and will take appropriate patients to the high-dependency unit (HDU) – this involves four beds under anaesthetics and respiratory. The Trust also delivers high-flow oxygen on the wards, with the critical care outreach team (CCOT)'s support. Gastroenterology bleed and in-reach rota is now 1:7 hot-week rota (and includes all consultants).

### Outcomes

As part of the 7-day service we aim to ensure that there is a constant, fully capable presence on the wards 13 hours of every day. We have found staff very willing to keep the rota filled, and so have had little-to-no issues in that regard. Occasionally, due to illness or during holiday times, we have had to arrange cover at short notice but we have been very fortunate to have an engaged medical consultant body and have always had multiple volunteers come forward to cover the shift(s) to maintain good patient safety and care. Where gaps have shown, we have been able to fill them on an internal locum arrangement basis. However, we are continually making progress in reducing this even more.

Incentivising weekend work has contributed to this somewhat. For example, general internal medicine (GIM) accreditation can be kept thanks to ad hoc weekend work. Consultants see this as a great boon as this means that they are likely to work less during the evenings, while on-call. Working weekends then is often the preferred choice for many of our consultants.

Monday morning work has also been greatly reduced. Whereas before, Monday morning staff were often inundated with work following the wards' activity over the weekend, this strain has now been greatly reduced. A continuation of service is the core reason for this. Though weekend work levels are not quite as high as those in the week, simply due to fewer staff being present, it has still had an incredibly beneficial effect.

## Successes

Our quantitative analysis highlights some of the successes achieved by our trust, following the implementation of the 7-day service. The following data are taken from across a 3-year campaign from quarter one (Q1) 2013–2014 up to Q1 2015–2016.

- A significant rise in accident and emergency (A&E) performance relating to the 4 hour threshold. This has risen from around 95% to around 98% over a 3-year campaign. Our trust now ranks as 4th nationally and 1st for the North West of England.
- The median length of stay (LOS) for patients attending A&E has also dropped from around 162 minutes down to 138 minutes.
- Patient experience has improved year-on-year. Satisfaction results taken from a patient experience survey showing the average rising from 84.4% to 87.2% ('The NHS Friends & Family' test).
- There has been a 15% reduction in crude mortality across the Trust. By the nature of adult medicine, as in other acute trusts, the division of medicine accounts for the majority of adult deaths.

All of these results show that the 7-day service has been of a great benefit to patients, our trust and patient experience.

## Barriers and levers

There have been many positive outcomes from establishing the 7-day service. However, it is important to note that this service is not perfect and has met with some barriers.

We have experienced some difficulty consistently filling the junior rota, meaning that locums need to be called in, at some cost. Not having locums on retainer, however, leaves us with the high risk that there will be gaps in the rota. This situation is representative of a familiar situation experienced by many trusts across England. It is exacerbated by an increasing number of trainees taking time out after foundation training, going abroad and reduced numbers of trainees coming to the Trust from training programmes centrally.

The balance of senior staff to junior staff is also often hard to maintain. One week there is a strong risk that there are too many senior members in with limited junior support; other weeks we risk having too many junior doctors in with limited senior support. In the past this has left us with a skeleton staff taking on the weekend duties.

Having a strong relationship with the CCG, as well as good engagement with the trust's board, proved to be a key factor in getting this service up and running. Their engagement and positivity towards increasing staffing was important. The degree of clinical leadership within the division of medicine must also be commended and particularly noted as a strong contributory factor towards the success of implementation of the 7-day programme. Moreover, through regular meetings with the consultants and asking them, as a group, to work together to devise and agree upon a sustainable rota has been key.

# 7-day services

Using clinical data and clinical drivers, such as reducing the number of our patients at risk of dying if we change the way we work, has shown to be a powerful driver for clinicians to engage with concepts of change and make positive contributions to the project work. Such consultant/clinician engagement is essential to a project such as this which aims to change working practices within a trust to improve patient outcomes. It should also be noted that engaging social services, as well as working closely with other agencies, such as 5 Boroughs Partnership NHS Community Trust, Wigan Borough CCG and Wigan Council was essential in ensuring that excellent and consistent ongoing care was in place 7-days a week.

Strong leadership was also key to the success we have enjoyed. This involved regular meetings with consultants and asking the consultants to provide ideas and solutions, keeping a patient focus at all times in discussions. This is better for patients, and can result in benefits such as fewer deaths, safer care.

We also emphasised to consultants that workloads are more equitable across specialties. Once they were engaged and saw that they were all working equally they were happy to work more frequent weekends and less intensely because there were more consultants around to share the workload. Now, when straw-poll surveyed, colleagues do not want to go back to a lower frequency but more intense rota of twice a day ward rounds by a single on-call consultant.

## Meet the team

I would like to acknowledge the team for their leadership and significant contributions to the design and progress of our 7-day service at WWL.

- Dr Umesh Prabu, medical director
- Dr Sanjay Arya, divisional medical director
- Mr Ayaz Abbassi, clinical director (A&E)

## What's next?

We aim to:

- further reduce the number of locum gaps
- continue to improve team working and collaboration with radiology. We now have enhanced access to CT scans at the weekend and are working with radiology colleagues with regards to availability and reporting (which is crucial) of other imaging eg magnetic resonance imaging (MRI) and ultrasound scans (USS)
- increase collaboration with neighbouring trusts to provide comprehensive shared services over the weekend, particularly with regards to life-threatening surgical problems and interventional radiology rotas.

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