Seven Day Services Position Paper

Introduction

1. The Cabinet Secretary for Health and Wellbeing has shared his Vision for the NHS in Scotland by endorsing the delivery of Seven Day Services. This will ensure that all patients have access to high quality care appropriate to their clinical needs, seven days per week.

2. Although NHSScotland (NHSS) already provides “round the clock care” for both emergency and elective patients the seniority of the healthcare staff delivering that care may vary throughout the 24-hour period. The availability of diagnostic tests may also be limited especially at weekends. There is evidence from outwith Scotland to suggest that the lack of seven-day provision may result in poorer clinical outcomes for patients.

What do we mean by Seven Day Services?

3. While there is a commitment to provide safe, effective and high quality services for all patients seven days per week, there is currently a misconception that this means delivering routine elective surgery 24 hours per day. This is not the case. The Scottish Government (SG) commitment is to ensure that all patients have access to the best possible high quality and appropriate care when they need it seven days per week. That is not the same as the kind of ‘supermarket, 24 hour a day culture’ some have described. Patients simply would not want, or find it convenient to receive a routine operation in the early hours of the morning.

4. What is best for patients and what best suits their needs is the core of the vision for a seven day service NHSS set out by the SG. This will include access to an appropriate senior clinical decision maker overnight and at weekends with access to appropriate investigations and tests when they are required. NHSS already provides high quality seven day and 24 hour care in numerous clinical areas and the Task Force (see para below) and supporting workstreams will build upon these and identify any services that do not yet fulfil the seven day commitment in order that they can be enhanced or redesigned.

How will we take forward?

5. To take this programme of work forward the Task Force on Seven Day Services has been established and will agree and implement the changes required to make seven day services a reality. The Task Force will seek to identify areas where clinical improvement can be achieved rapidly and areas that will require longer-term detailed work.

The Task Force will be supported by the following workstreams:

NHS Board Leads – Operational group who will provide the point of contact in the Boards for intelligence gathering and in due course will facilitate the implementation of policy/ service redesign.
Remote and Rural Group - An important and challenging component of the delivery of Seven Day Services will be the development of policy for the implementation of Seven Day Services in Remote and Rural areas. Over the past decade there have been several attempts to describe how a sustainable service might be provided for rural Scotland. Indeed some key recommendations have already been implemented with success such as the SCOTSTAR retrieval service. The overall policy for remote and rural areas however now requires new and innovative thinking if a seven day service is to be achieved. Consequently a specific work stream devoted to remote and rural issues has been convened.

Key Priority Area Groups to identify the service needs that are required to provide seven day services in the key identified areas (see below).

Analysis and Evidence Group to provide support with data collection and measurement. Will have responsibility for Cost Benefits analysis and financial modelling.

Workforce Sub-Group to assess/address the workforce requirements for the agreed Service Models.

Virtual Reference Group to capture wider views, insights and ideas about seven day services.

Key Priority Areas

6. The following key areas have been identified and will be considered in the first instance:

Critical Care – Board Chief Executives (BCEs) have agreed an initial stocktake of critical care should be carried out to establish existing resources within Scotland. The National Planning Forum (NPF) has agreed to define the scope of this work for BCEs approval. This work is at an early stage.

Acute/Elective Surgery – being progressed through the Unscheduled Care Groups and work already available on Vascular Surgery, trauma and cancer care.

Acute/Elective Medicine (includes stroke) integrates with Unscheduled Care Groups.

Coronary Care – building on the considerable work undertaken on the management of myocardial infarction.

Neonates/Obstetrics – building on the considerable work undertaken to define service and implement service models.

Paediatrics

Radiology and Investigations

Integrated Planning
7. Links to strategic planning being developed. Fundamental to the new approach will be the creation of a much clearer national picture of how the NHSS will be shaped by 2020 and beyond, taking account of the 2020 route map, trends in clinical practice and patient safety, innovation, and the impact of health and social care integration. The principle of “subsidiarity” will continue to support the development of national, regional and local (NHS Board) planning.

**Sustainability and Resource**

8. The approach to funding for this programme will be to make better use of our existing resources. The default position will be to use our existing total resources differently in order to deliver improved outcomes. In relation to job planning, Boards retain their existing ability to plan jobs to ensure the correct balance between time spent on clinical care and other contributions to the wider NHS agenda.

9. Health Finance will support the Task Force with the collection and analysis of costs associated with the models developed to help address issues of resource and cost. This is a long term project, with potential long term implications for costs and resources and this will be fully considered as part of the work going forward.

**Strategy to deliver**

10. The planning and implementation of seven day services is a complex task. The following strategy is being adopted.

1. **Define what we mean by Seven Day Services**

   The Scottish Government has set out a high level vision of what seven day services means. The key is the aim is to ensure safe delivery of high quality care to all patients within the current service in response to observation in England that there is increased mortality at weekends. As such this requires the availability of appropriate decision makers and appropriate investigations seven days per week. The Task Force’s first task will be to work up the exact and specific details of the SG’s overall definition of the term “seven day services” in order to provide a framework within which the Boards can work.

2. **Baseline/Map current Seven Day Services**

   i) Seven day working is already in place within many services areas across NHS Scotland. These include: ITU, Emergency Medicine, emergency surgery, Obstetrics, Neonatal Paediatrics, radiological investigations and coronary care units. In these services senior clinical decision-making is already available, seven days per week. Working with each of the Board’s nominated leads we will describe and baseline/map these services.

   **Defining the Level of Service**

   11. The following “scores” will be applied through the baseline/mapping work and the current and desired levels of service will be defined.
**Level 1** – Services limited to one department or a service that is beginning to deliver some services beyond the 8 am – 6 pm, Monday to Friday service.

**Level 2** – Services that are delivered 7 days per week, but not always offering the full range of services that delivered on week days.

**Level 3** – A whole service approach to 7 day service delivery that requires several elements to work together in order to facilitate clinical decision making or treatment, often covering more than one workforce group.

**Level 4** – A whole system approach to 7 day service delivery by integrating the requirements for elements of 7 day services across more than one specialty

3. **Define those Services which require to be Seven Day to ensure that all patients have access to the best possible high quality and appropriate care**

   ii) Colleagues in clinical standard setting and planning have already described the optimal delivery of a number of clinical services. These services will be collated.

   iii) The final task in Mapping will be to describe and model the services within NHSS that require to be enhanced or redesigned based upon the intelligence gained from i) and ii) above in order to fulfil the criteria for a seven day service.

**Other Issues to consider**

12. The interface between primary and secondary care will be an important area to review. Work has already been undertaken by colleagues within the Unscheduled Care Group in order to address those concerns. The output from that work-stream will inform the Task Force with regard to current and proposed out of hours services in primary care focusing on location and patient access. In due course the Task Force will require to draw conclusions with regard to the role of NHS 24, GP Out Of Hours, Scottish Ambulance Service (SAS) and community based alternatives to Emergency Department attendance/admission.

**What are we not doing that is required to deliver Seven Day Services?**

13. Having baselined/mapped the current availability of Seven Day Services across NHSS it will **then be** possible to define and describe the gap between the current and required service levels. This is likely to involve a combination of enhancement of current services and the redesign of others. There may be some actions that could be taken immediately that would result in a rapid improvement in patient care. These include:

   (a) **Senior decision making/Ward Rounds 24/7**

   Consultant presence may not be required 24/7 for all specialties. For example, in mental health and geriatrics there may be long-stay patients who are seen by their consultant over a longer time (possibly one or twice a week) due to the nature of their long term condition. It is a reasonable expectation however, that all inpatients
should be seen on a daily basis by an appropriate senior clinical decision maker. This would have other benefits such as early discharge, shorter hospital stays, improving bed availability etc.

(b) Spread Elective Surgery

There is an argument that spreading elective surgery over more days to avoid the Monday, Tuesday, Wednesday congestion would help both scheduled and unscheduled care.

(c) Remote and Rural Consultants

Solutions for the sustainability of services in remote and rural areas are currently under discussion and further information to follow in due course.

(d) Emergency Medicine

The provision of emergency medicine services are recognised to be especially challenging. Currently a consultant service is provided up to 10 pm from Monday to Friday but at weekends and overnight services are provided by junior doctors. Boards are currently working to find solutions.

(e) Implement current best practice to Redesign Services

Redesign work that is currently being undertaken in a number of Boards will be reviewed in order to identify and implement any learning that can be rapidly implemented across NHSS.

(g) Interaction between primary and secondary care

The interaction between primary and secondary care needs to change to a more patient centred focus. Work has already started on a number of projects in this regard led by the Unscheduled Care Group. This learning will be utilised by the NHS Board’s Leads Group.

March 2014
Seven Day Services Programme

HSCMB

Integrated Strategic Planning Group (new)

Task Force on Seven Day Services

Key Priority Work Groups
- Critical Care
- Acute/Elective Surgery
- Acute/Elective Medicine
- Coronary Care
- Neonates/Obs
- Paederiatrics

NHS Board Leads Group

Evidence and Analysis Group

Workforce Group

Unscheduled Care Groups
Includes Acute and Community

Diagnostics Steering Group

Remote and Rural Group