

Briefing : Seven Day Services in the NHS

Background and Evidence

1. Providing access to the right services, seven days a week, has the potential to improve clinical outcomes and patient experience. The benefits of NHS Seven Day Services include:
 - Reduced risk of mortality at weekends as a result of increased consultant presence. Senior clinical decision makers admit to the right place, first time, and assess, diagnose and initiate treatment faster. They manage safer and more timely transfer home, or to other care settings, with less risk of an emergency readmission;
 - Improved patient experience, driven by better continuity of care and treatment across the week, and convenience for patients and carers;
 - Reduced demand for urgent and acute care as a consequence of extended access to out of hospital services, which provide care closer to home to prevent admissions;
 - Reduced length of stay, reflecting the whole system's ability to diagnose, treat and mobilise out of hospital support on every day of the week;
 - Fewer re-admissions after discharge, resulting from improved post-transfer, out of hospital care; and
 - Better use of expensive resources (e.g. staff, plant and equipment) and avoidance of waste and repetition.
2. Doctors in training report that the lack of supervision at weekends leaves them over-exposed to risks. The Better Training, Better Care programme has also identified that valuable training opportunities are lost if consultants do not work alongside junior doctors at weekends.¹
3. Evidence drawn from national research by Royal Colleges and Specialist Societies has highlighted deficiencies of care in many areas and demonstrated that patients admitted as a medical emergency at the weekend have a significantly greater risk of dying in hospital than those admitted on a weekday.

¹ Professor John Collins. (2010). Foundation for Excellence-An Evaluation of the Foundation Programme

4. Further evidence of this “weekend effect” was reported in an analysis of 14 million NHS hospital admissions during 2009/10 by Freemantle et al.² The analysis concluded that being admitted at the weekend is associated with an increased risk of mortality within 30 days of admission on Saturday and Sunday of 11% and 16% respectively, compared to Wednesday.
5. This analysis was repeated in March 2015, on this occasion examining admissions during 2013/14. The “weekend effect” was still apparent, with an increased risk of mortality within 30 days of admission of 10% and 15% for Saturday and Sunday respectively, and evidence of a raised mortality risk of 5% on Mondays, probably reflecting the service variation caused by “recovery” from the weekend hiatus.
6. A further study by Bell et al³ found that patients admitted to hospital as an acute medical emergency at the weekend had a 14% increased risk of mortality over those admitted on a weekday.
7. The evidence supports the view that the historical, five day service model offered in many NHS hospitals no longer meets justifiable patient and public expectations of a safe, efficient, effective and responsive service.

Progress to date

8. NHS England’s Mandate comes to us as the NHS Outcomes Framework. In December 2012, a meeting of national clinical leaders chaired by Sir Mike Rawlins, then President of the Royal College of Medicine and NICE, asserted that the five day service model impacts negatively on all the domains of the Outcomes Framework.
9. Subsequently an HSJ Survey of trust Chief Executives revealed that a majority felt that their trusts were not safe at weekends.
10. In December 2013, the ‘NHS Services Seven Days a Week Forum’ (the Forum), chaired by Sir Bruce Keogh, the National Medical Director, concluded that irrespective of the day of the week, consultants, (or decision makers of equivalent experience and seniority), should be available in person to assess, diagnose and manage patients admitted to hospital through an urgent or emergency service. On advice from the Royal Colleges and the BMA, the Forum focussed initially on in-patients in acute settings. The Forum’s Report to the Board of NHS England is at Annex 1.

² Freemantle, N. et al. (2012). Weekend hospitalization and the additional risk of death: An analysis of inpatient data. *Journal of the Royal Society of Medicine* 105(2):74-84.

³ Bell, M. D. and Redelmeier, D. A. (2001). Mortality among patients admitted to hospitals on weekends compared with weekdays. *The New England Journal of Medicine* 345:663-668.

11. Ten Clinical Standards were developed to describe the minimum quality of service that this group of patients should be entitled to expect. (Annex 2). The standards reflect the need for integrated care between hospitals and primary and community health and social care services, as well as the dependencies between roles and teams inside hospitals.
12. The benefits of the standards, including efforts to improve hospital efficiency through admission prevention and timely discharge, are maximised where out-of-hospital and social care services also operate on every day of the week.
13. Alongside this work 13 early adopter health economies were established in November 2013 to build communities of practice and learning networks across the country as a means of driving forward seven day services at scale and pace.⁴ A review of progress in these health economies, designed to capture learning one year on, is currently taking place.
14. NHS Improving Quality hosts a self-assessment tool, with which trusts can assess themselves against the ten clinical standards. The tool looks only at trusts' own, self-reported adherence to the standards. As of February 2015, 45 out of 156 acute trusts had completed all parts of the assessment, although many more have registered to use it.

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