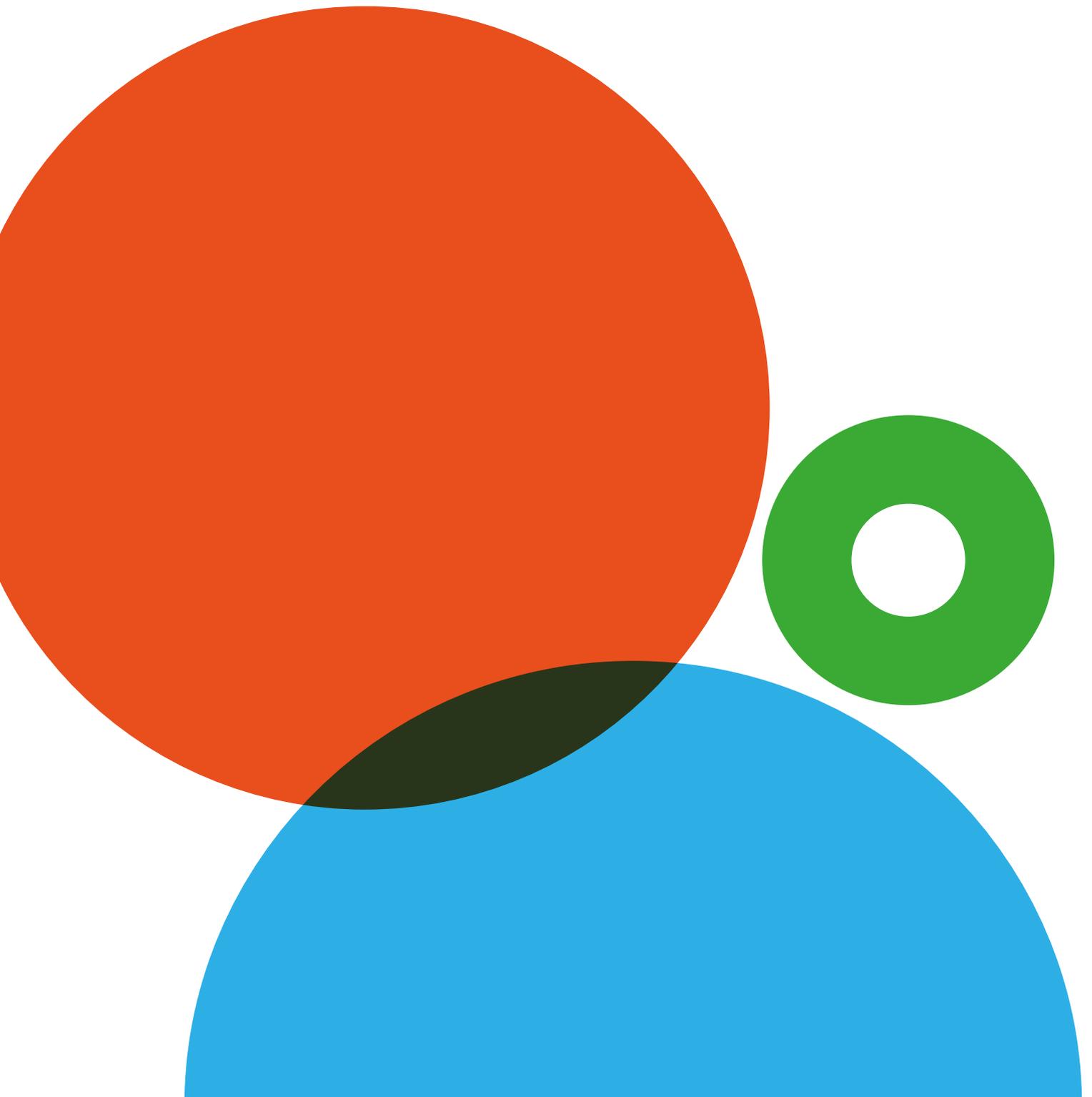


# Commissioning and delivering enhanced seven-day NHS services





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# Executive summary

The quest for enhanced seven-day services has become one of the key debates regarding the future shape of the NHS and wider delivery of care. This paper seeks to get behind the debate and explore the evidence for and against the extension to seven-day services. It analyses what we already know about seven-day provision from the work of NHS national bodies, NHS organisations and others, and explores what the evidence tells us about case for an enhanced seven-day NHS.

The purpose in analysing the evidence is not to come down on one side or the other in the on-going debate, but rather to determine what is best for the NHS and the people who use its services. In doing so, we are looking to find the right balance of services across all seven days of the week that delivers the best value to the public. The paper argues that local decision-makers are best placed to decide what is needed to meet the changing health and care needs of their local communities and allows them to be clear with the public what the seven-day service offer is.

The NHS Confederation is the only representative body which can speak on behalf of the broad range of NHS organisations which both commission and provide NHS services. We are uniquely placed to help make sense of this complex issue and support our members and their partners locally to achieve the right balance of services across all seven days of the week. In focusing on seven-day NHS services, our starting point is very clear:

- A considerable proportion of what the NHS and the wider health and care system delivers is already delivered 24 hours a day and seven days a week. From primary care to pharmacy, care homes to ambulance services and A&E units to in-hospital care, much of the NHS and wider health and care system routinely operates across all seven days of the week.
- Discussions about how we deliver a seven-day NHS are inextricably linked to how we achieve a wider seven-day health and care system. In exploring how we enhance what is offered through hospitals we must consider how we support the wider delivery of care outside of our hospitals (the focus of much of the debate to date).

- Decisions about delivering a greater proportion of hospital-based services at weekends have real operational and funding implications for all parts of the system including acute hospitals, primary care, pharmacy, community services and social care administration and provision.
- Delivering a greater proportion of services in hospital and in the community has real resource implications for the health and care system. It will require greater numbers of staff to deliver this enhanced offer to the public, which in turn is likely to require greater funding to provide capacity within these services.

Our shared aim must be to focus on the goal of delivering the right care, based on clinical and demographic need, rather than simply ensuring greater convenience for particular groups within the population.

This paper examines what we already know about seven-day services in the NHS. It specifically explores:

- the political context
- the work that has already been undertaken by organisations such as NHS England to support the expansion of seven-day NHS services
- the impact of seven-day service delivery
- the financial costs of enhancing and expanding seven-day provision
- public perceptions and attitudes to seven-day services
- workforce implications of new ways of working
- the degree to which NHS Confederation members are already commissioning and delivering key services across all seven days.

The overarching aim of this paper is to help our members and others understand the evidence base for seven-day services and to help support local decision-making. Through this paper, the NHS Confederation is seeking to simplify and explain the on-going debate and to move the debate on and de-couple it from the recent disputes about staffing

## Context

contracts. In writing this paper we are conscious that this is a fast moving debate in both political and academic circles and that by the time this paper is published there is likely to be further evidence and developments. It is, however, important that we take the opportunity to move this debate on. We are seeking a way forward for the NHS and wider system. In doing so, we conclude that the key decisions about how to achieve the right balance of services; which services most appropriately respond to people's clinical needs; address unwarranted variation; and most effectively uses the NHS's limited resources should be taken at a local level. We argue that this can be best achieved by allowing local decision-makers, including both commissioners and providers, to consider community needs and the wider evidence base and make the right decisions for their local communities.

**“The overarching aim of this paper is to help our members and others understand the evidence base for seven-day services.”**

Prior to the general election 2015, the Conservative Party set out its goal of delivering “a truly seven-day NHS.”<sup>1</sup> In the period since the election, the government has reaffirmed its ambition to deliver this over the course of the current parliament.

The then Prime Minister, the Rt. Hon. David Cameron, MP, supported by the Secretary of State for Health the Rt. Hon. Jeremy Hunt, MP, personally made the drive toward seven-day services across the NHS one of the government's key political goals. His first speech following the general election set out the government's ambition for a seven-day NHS<sup>2</sup>.

The Secretary of State's post-election speech to the King's Fund<sup>3</sup> underlined the government's desire to drive forward work to enhance the delivery of NHS services across all seven days.

The new Prime Minister, the Rt. Hon. Theresa May, MP is yet to make a major speech on the NHS and the wider health and care system, but the reappointment of the Secretary of State for Health would appear to indicate a continuation in the government's approach to this issue.

Over the last 12 months, the NHS seven-day services debate has become inextricably linked with the junior doctors' contract dispute, with the Secretary of State for Health arguing that the proposed contract was essential to the government delivering on its manifesto commitment for a seven-day NHS.<sup>4</sup> A number of academics, the British Medical Association (BMA),<sup>5</sup> British Medical Journal<sup>6</sup> and others have challenged the government's approach and its use of data to support its arguments.

This political interest in seven-day services sits alongside a wider debate within the NHS and academia about the benefits, impacts and implications of seven-day service delivery. In order to make informed decisions about the merits of expanding seven-day service delivery, it is important that we have a clear understanding of the current evidence base for seven-day NHS services.

# What do we know about seven-day services?

The reality is a significant proportion of NHS services are routinely delivered seven days a week. These include primary care,<sup>7</sup> community provision,<sup>8</sup> mental health services,<sup>9</sup> services delivered in partnership with social care partners, community and in-hospital pharmacy, ambulance services<sup>10</sup> and acute hospital care.<sup>11</sup> It is important that we fully acknowledge the scale of provision which is already being delivered, alongside an active consideration of how we can enhance local commissioning and delivery of NHS services seven days a week.

As a starting point it is important to consider the strong body of work which has been undertaken by a range of national bodies and organisations to support the delivery and measure the effectiveness of seven-day NHS services. Considerable work has been done by NHS England, Monitor (now NHS Improvement), The King's Fund, Healthcare Financial Management Association (HFMA) and a number of others to assess the potential impact and cost of seven-day NHS services.

In 2013, NHS England published *NHS Services open seven days a week: Every day counts*.<sup>12</sup> It also began to support the work of the NHS Services' Seven Days a Week Forum, which in turn published its initial findings<sup>13</sup> and has subsequently set out the evidence base for seven-day services.<sup>14</sup> The latter emphasised the importance of a number of conditions and factors, including:

- adopting a whole-system approach
- improving patient experience
- timely consultant input
- multi-disciplinary team working
- handovers and coordination of care
- availability of diagnostic investigations
- availability of interventional services (ie surgery)
- accessible mental health services
- consultant-delivered ward rounds
- timely discharge and transfer
- training and education.

In October 2014, NHS England published ten clinical standards for seven-day services<sup>15</sup> which set out the minimum clinical requirements for seven-day services in ten key areas:

- patient experience
- time to first consultant review
- multi-disciplinary team (MDT) review
- shift handovers
- diagnostics
- intervention/key services
- mental health
- on-going review
- transfer to community, primary and social care
- quality improvement.

These clinical standards were further updated in February 2016<sup>16</sup> to provide additional supporting information in relation to time to first consultant review, diagnostics and on-going review.

NHS England has initiated work with 'early adopters'<sup>17</sup> – 13 sites across England – which are to "lead the way in delivering seven-day services" to assess progress. These sites have developed system-wide approaches to enhance seven-day services including across "integrated care, primary care, diagnostics and urgent and emergency care."<sup>18</sup>

From its work with these early adopters, NHS England has identified a broad range of emerging themes including:

"Finance, workforce recruitment and retention, culture, leadership, health community alignment and connectivity, communication, longer term-sustainability versus short-termism reactions, patient and public awareness, experience of care, understanding of demand and capacity, patient flows, primary care engagement, interdependencies with other local initiatives and the variation in perceptions, ie seven-day services v seven-day working."<sup>19</sup>

The number of themes identified above provides a clear indication of the potential complexity of this area.

In March 2015, NHSIQ published a ten point seven-day services implementation checklist.<sup>20</sup> They also delivered a series of regional events to help disseminate good practice in May and June 2015.

Also in June 2015, NHS England, Monitor and the Trust Development Authority jointly wrote to trusts asking them to focus on four of the original ten clinical standards and to implement these by the end of the financial year (2015-16). These are:

- Standard 2: Time to consultant review
- Standard 5: Access to diagnostics
- Standard 6: Access to consultant-directed interventions
- Standard 8: On-going review.

These are now highlighted on MyNHS,<sup>21</sup> with more than 160 hospitals included.

Snapshot analysis published by the *British Medical Journal* on 1 March 2016<sup>22</sup> of the progress relevant NHS trusts had made towards implementation of these four priority areas “found that many were already meeting these standards.” Wigan, Wrightington, and Leigh NHS Foundation Trust, one of the early adopters reported that “more than 90 per cent of patients were seen within two hours of arrival, usually by a consultant.”

Torbay and South Devon NHS Foundation Trust, not one of the early adopters, is meeting the four clinical standards and emphasised that this is not just about seniority of doctors:

“The inefficiencies that occur at weekends are about the whole system... If I’m a consultant going round seeing patients on the ward the fact that my secretary isn’t there will reduce my ability to access appointments. We can’t contact GP practices at the weekend and find out about people’s medication. It’s a whole system problem.”

Salisbury NHS Foundation Trust has routinely provided seven-day imaging services and has done so since 2011 and has done some elective work at weekends. However, it has identified key issues relating to staff costs, vacancies in specialist positions such as radiographers and questions about the benefit to people who use services:

“There’s real value in having diagnostic capacity at the weekends, but there’s no point doing it just for the sake of it and it doesn’t make a difference to the patients.”

In a paper published in September 2016,<sup>23</sup> NHS England showcased the benefits of seven-day clinical pharmacy in acute hospitals. The report included examples of NHS trusts which have already implemented a seven-day approach to clinical pharmacy. NHS England suggests that the recommendations in the report:

“For the first time, set out a clear and compelling vision for seven-day hospital pharmacy services.”

Having focused on the work undertaken to support the delivery of seven-day NHS services, it is also crucial to look at the evidence base for the current and potential impact of seven-day services.



**Essential reading:** NHS England (2013), *NHS Services, Seven Days a Week Forum: Summary of initial findings.*



**Essential reading:** Gullland A (2016), ‘Seven-day services: How are trusts doing against Keogh’s clinical standards? *BMJ* 352 i1258.



**Essential reading:** NHS England (2016), *Transformation of seven-day clinical pharmacy services in acute hospitals.*

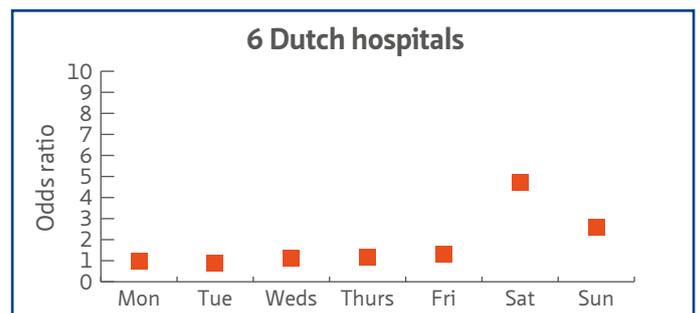
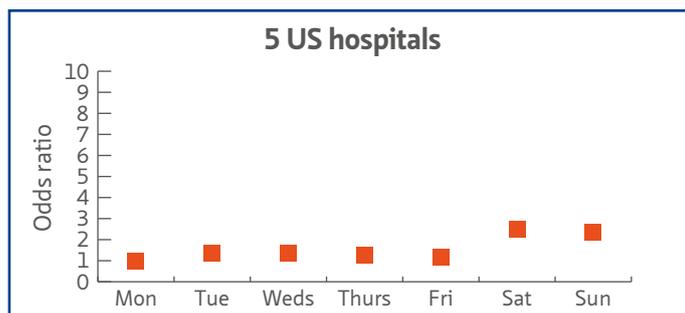
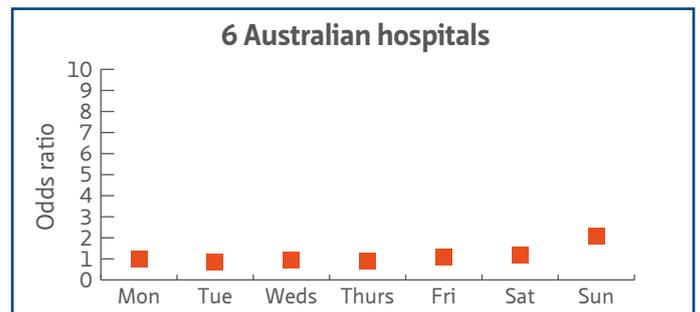
# Assessing current seven-day delivery

A number of studies have explored the impact of NHS services across the weekend, to explore key outcomes, including international comparisons.

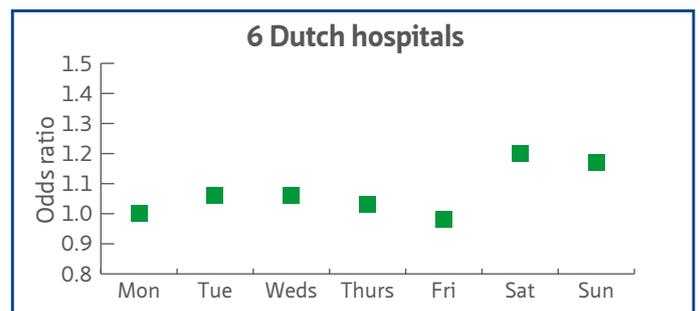
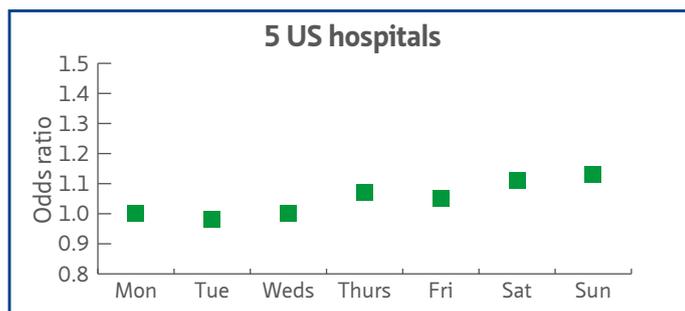
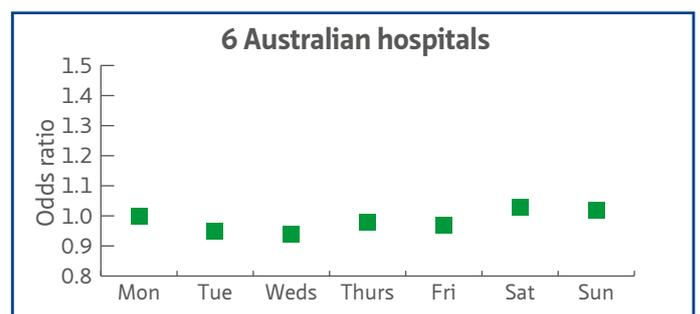
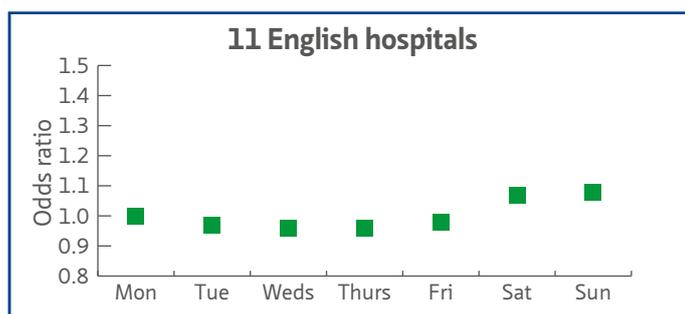
Ruiz et al<sup>24</sup> examined more than 3 million patient records from 28 metropolitan teaching hospitals

from 2009-12 in England, US, the Netherlands and Australia to determine variation in mortality rates across different days of the week. Their findings suggest that the 'weekend effect' is "a systematic phenomenon affecting healthcare providers across borders."

## Adjusted odds of death for elective patients by day of procedure\*



## Adjusted odds of death for emergency patients by day of admission



\* At patient level, the model adjusted for age, gender, transfers in from another hospital, year of admission, comorbidity score, day of the week and diagnosis/procedure risk category.<sup>25</sup>

The following is a summary of the research's main findings:

- The lowest overall mortality rate for elective admissions was observed in the 11 English hospitals (0.33%), followed by the Australian (0.36%), the US (0.42%) and Dutch (0.64%) institutions. By contrast the English hospitals had the highest mortality rates for emergency cases, at 4.6 per cent (compared to 4.2 per cent for the Dutch, 3.5 per cent for the Australian and 2.7 per cent for the US hospitals).
- Weekend elective surgical procedures only amounted to 3.2 per cent of the weekday total.
- The trends illustrated in the charts above for 30-day mortality rates "support the hypothesised idea that the first 48 hours of post-operative care is critical."
- The English hospitals were deemed to have a "balanced distribution of procedure risk" across the week for elective admissions, with 39 per cent of weekend cases judged to be high-risk compared to 38 per cent on weekdays. This contrasts with 33 and 22 per cent respectively for Australian hospitals and 30 and 35 per cent for US hospitals.
- Emergency patients across the English, Dutch and US hospitals had "significantly higher adjusted odds of death" at the weekend. This was despite "an overall homogenous distribution of diagnosis-specific risk" across the week.

Meacock et al<sup>26</sup> examined data for emergency admissions for 2010-11 in a *Health Economics Journal* article. They estimated that the excess 30-day crude mortality rate was 3.7 per cent for weekday admissions and 4.05 per cent for weekend admissions, which equates to 4,355 (or 5,353 if risk-adjusted) additional deaths on an annual basis.

The researchers also estimate that the cost of seven-day provision is between £1.07 and £1.43 billion, which they note exceeds the maximum amount that NICE would recommend is invested in attempting to address the weekend effect by anywhere between £339-831 million. Crucially they therefore conclude:

"There is as yet no clear evidence that seven-day services will reduce weekend deaths or can be achieved without increasing weekday deaths. The planned cost of implementing seven-day services greatly exceeds the maximum amount that the National Health Service should spend on eradicating the weekend effect based on current evidence."

A 2012 paper from the *Journal of the Royal Society of Medicine* explores the issue of weekend hospitalisation. Freemantle et al examined<sup>27</sup> 14.2 million cases in NHS hospitals across 2009-10 in research published in *JRSM* and helpfully re-posted it recently on *The Bottom Line*.<sup>28</sup> The study considered both mortality rates based upon the day of admission and the days in which patients were staying in the hospital.

Freemantle et al found there was a "statistically significant **increase** in risk of subsequent death" (30-day mortality) if a patient was admitted during the weekend; a relative risk increase of 11 per cent on a Saturday and 16 per cent on a Sunday, when compared to a Wednesday.

However, by contrast, when considering mortality rates depending on the day of death, there was found to be a "statistically significant **reduction** in the risk of death whilst in hospital" at the weekend, compared to Wednesday (5 per cent relative risk reduction for Saturday and 8 per cent for Sunday). Thursday (4%) and Friday (5%) also compares favourably to Wednesday, while Monday and Tuesday showed "no significant difference."

A more recent study by Freemantle et al<sup>29</sup> found that the 'weekend effect' extends to Friday and Monday. They analysed Hospital Episode Statistics data for 2013-14 and found:

- patients admitted at the weekend are more likely to be in the highest category of risk of death
- patients admitted on Saturday or Sunday face an increased likelihood of death even when severity of illness is accounted for
- approximately 11,000 more patients die each year within 30 days from admission occurring between Friday and Monday compared with admission on the remaining days of the week.

In relation to the latter point, Freemantle et al conclude:

“It is not possible to ascertain the extent to which these excess deaths may be preventable: to assume that they are avoidable would be rash and misleading.”

A study by Ozdemir<sup>30</sup> et al has recently cited supporting evidence to reinforce the case for seven-day services. The study examines the relationship between the number and seniority of doctors and nurses and care outcomes. However, the study did not draw on day-specific data and therefore it is not possible to draw any conclusion about the impact of staffing numbers and seniority during the week or at weekends.

It is important that where unwarranted variation in experiences and outcomes across different days of the week are identified, localities take action to address such inequalities. As ever with the NHS, evidence should be harnessed to constantly drive improvements in care.

In October 2016, NHS Digital published ‘experimental statistics’ which it intended as:

“A starting point for discussions on how we can effectively measure both improvement and variation in care provision across the week.”

The statistics focused on:

- mortality within 30 days of admission by week-part of admission to hospital
- emergency readmissions within seven days of discharge from hospital by day of discharge
- length of stay following an emergency admission to hospital by day of admission.

The accompanying paper concluded:

- patients who are admitted at the weekend have an increased likelihood of mortality within 30 days of admission compared to those who are admitted midweek

- patients who are discharged on Friday, Saturday and Sunday have an increased likelihood of an emergency readmission within seven days of discharge compared to those who are discharged on a Wednesday
- patients who are admitted in an emergency stay slightly longer in hospital if they are admitted between Friday and Sunday, inclusive.

Meacock and Sutton have critiqued this data release<sup>31</sup> and suggested that “these statistics are seriously misleading”. They suggest that “to make the statistics more useful, NHS Digital should provide figures on the variation across the week in:

- the death rate among the whole population of patients attending A&E
- the admission rate of patients attending A&E
- average daily numbers of deaths, attendances and admissions.”

The mixed picture regarding evidence for acute hospital-based seven-day services mirrors the experiences of expanding access to GP services across England. A National Institute for Health Research study<sup>32</sup> into the ‘demonstrator’ pilot of seven-day GP services in Greater Manchester found that the overall reduction in A&E attendances was 3 per cent (minor attendances fell 8 per cent in one area commissioned by NHS Central Manchester CCG). However the researchers also found there had been “little impact” on patient satisfaction.

Pulse has reported that a range of pilots have fared less well:

- NHS Canterbury and Coastal Clinical Commissioning Group stopped its pilot,<sup>33</sup> following continued problems in the area with meeting its A&E target in the opening three months of this year.
- One of the members of the Watford Care Alliance, funded by NHS Herts Valley CCG, reported that Sunday appointment slots<sup>34</sup> were “frequently empty”, leading to opening hours being reduced.

## Costing seven-day services

- NHS Hambleton, Richmondshire and Whitby CCG ended their pilot scheme<sup>35</sup> after only four months, with only 12 per cent of Sunday and 50 per cent of Saturday appointments taken. Patients also reported that they preferred being seen at their own practice and were therefore dissatisfied with the 'hub' model adopted.

Of the 19 CCGs involved in the first wave of access pilots, 16 "have not committed to fund" seven-day provision post March 2016 and another will only do so for people with five or more long-term conditions.

An evaluation of the extension of GP services to evenings and weekends<sup>36</sup> published by researchers at the University of Manchester in September 2016 concludes that:

"This study provides evidence showing additional primary care appointments outside of working hours may reduce attendance at emergency departments but may not be cost-saving to the health service as a whole.

"Extending access was associated with a reduction in emergency department visits in the first 12 months... However, further evidence is needed to understand whether extending primary care access is cost-effective and sustainable."



**Essential reading:** Ruiz M et al (2015), 'The Global Comparators project: International comparison of a 30-day-in-hospital mortality by day of the week', *BMJ Quality & Safety*.



**Essential reading:** Meacock R et al (2015), 'What are the costs and benefits of providing comprehensive seven-day services for emergency hospital admissions?', *HEJ* **24** 907-912.



**Essential reading:** Freemantle N et al (2015) 'Increased mortality associated with weekend hospital admission: A case for expanded seven-day services?', *BMJ* **351** h4569.

Having explored the evidence for seven-day services, it is important to now look at the finances.

Professor Chris Ham, CEO of the King's Fund, responding to the Secretary of State's speech on seven-day services stated that it was "absolutely the right thing to do", but highlighted that there is 'a price-tag attached'.<sup>37</sup>

The financial implications are looked at in detail in the Healthcare Financial Management Association's (HFMA) *Costing seven-day services*,<sup>38</sup> which set out to explore the:

"Growing body of evidence showing the clinical benefits and service quality improvements from providing NHS services on a seven day a week basis."

HFMA identified four main drivers for seven-day services:

- reducing mortality
- increasing hospital efficiency
- providing access to NHS services
- ensuring patients receive the same standard of care regardless of the day of the week.

It looked at the experiences of eight trusts and identified particular cost challenges for those organisations in rural and non-urban settings. For those NHS trusts in London the reality is that much of the cost has already been met and seven-day services are in place. Elsewhere, "the costs are typically 1.5-2 per cent of total income, or 5-6 per cent additional to the cost of managing emergency admissions."<sup>39</sup> The highest costs are in the most rural areas.

The report identifies that the biggest costs are associated with the recruitment of additional consultants, and to a lesser degree additional nursing and radiologists. A number of these professionals groups are already difficult to recruit, and there is the potential that increased demand could be particularly problematic for non-urban areas.

It also acknowledges the need for greater provision of primary and social care in order to aid discharge and to maximise the impact of changes within hospitals.

Finally, the report concludes that the areas which have made the most progress on this agenda have agreed local variations to Payment by Results (PbR) and risk sharing between commissioners and providers:

“These arrangements had usually taken months to negotiate. Typically there was a risk-sharing arrangement for emergency activity, with additional payments for step changes in activity and cost. Leading on from this, several trusts felt that payment for emergency services should be seen as a payment for capacity rather than for activity. This suggests a largely block payment with some marginal rates for actual activity. This is similar to the arrangements before the introduction of PbR.”

For further details see our policy summary of the report.<sup>40</sup>

Nigel Edwards, writing for a ‘scrubbing up’ blog<sup>41</sup> for the BBC highlighted that:

“Some evidence does show that consultants matter, but one recent study on stroke patients found that weekend mortality was linked to the number of registered nurses per bed, not the frequency with which senior doctors made their rounds.”

He underlines that keeping pace with demands comes at a price:

“Hospitals are now meeting key waiting times targets after struggling last year, which means they are keeping up with the number of referrals from GPs. But they are often achieving this by relying on running up deficits – spending public money they do not have.”

Edwards also highlights the work of University of Manchester academics who used NICE’s method to test the cost effectiveness of new drugs to determine whether the NHS would fund seven-day services if it were a new drug:

“They found that the answer was probably no. It wouldn’t be thought cost-effective.”

He concludes:

“The government’s ambition for seven day working is a bold vision. They, and the NHS are ultimately right to aspire to seven day working.

“But as with everything in today’s NHS, it can only come after some tough decisions. Depending on the extent of the services on offer, implementing seven-day services would come at a definite cost in financial terms.

“Without extra NHS funding, it may come at a cost in local hospital sites. And the public should also ask whether they are willing to pay the invisible cost - the things that can’t be done because of the time and money spent sorting out seven day working.”



**Essential reading:** Healthcare Financial Management Association (2014), *Costing seven-day services*.

# The public, health leaders and NHS staff's attitudes towards seven-day services

## i) Public views of seven-day services

The BMA has commissioned a series of surveys<sup>42</sup> to determine public attitudes to the ability of the NHS to deliver seven day services. The latest of these, a survey of more than 1,200 people, conducted by Britain Thinks and published in September 2016 found that:

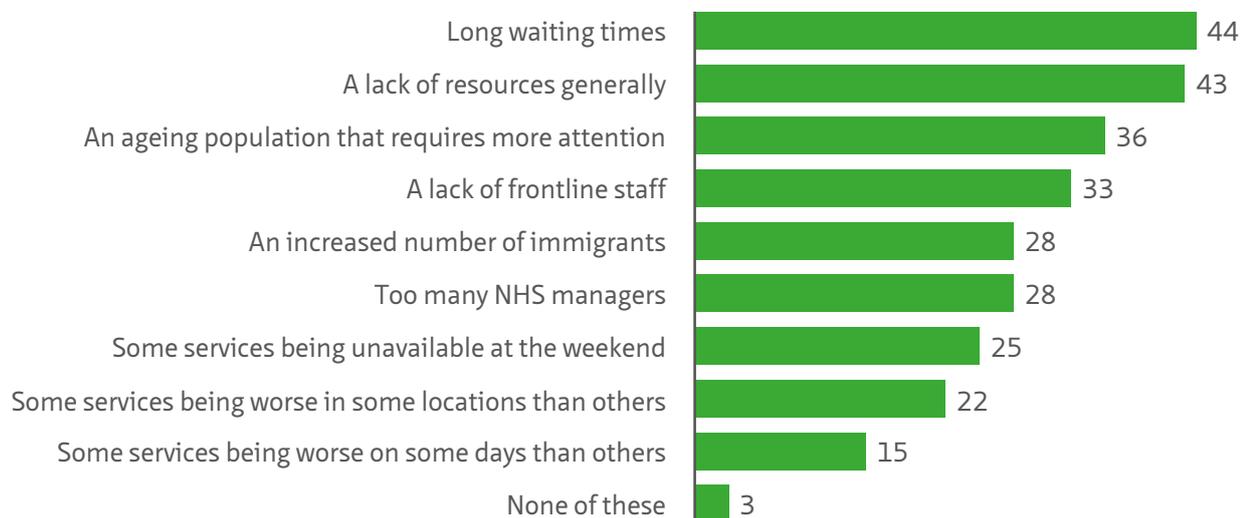
- 69 per cent agree with the statement that the NHS cannot afford to deliver seven-day services in its hospitals, whilst 9 per cent disagree
- 66 per cent agree that the government has not yet done enough to explain to the public what it means by a “truly seven-day NHS”, whilst 12 per cent disagree
- 79 per cent agree that providing more hospital services at weekends should not mean fewer services are available during the week, 5 per cent disagree.

It is also clear from an Ipsos-Mori survey of public attitudes to seven-day services<sup>43</sup> that the public associates the drive toward seven-day services delivery with the notion of convenience rather than improving clinical outcomes:

“Most people think seven-day services are being implemented for reasons of convenience rather than improving weekend mortality rates.”

It also found that availability of services at weekends is only seen as one of the key challenges facing the NHS by 25 per cent of respondents. This compares to 44 per cent for long waiting times and 43 per cent for lack of resources generally. Fifteen per cent said that “some services being worse on some days than others” was an important issue. See table 1 below.

**Table 1 Concern about seven-day services is low compared with other issues**  
Overall, which of the following, if any, do you see as the biggest problems facing the NHS?



Base: 1,123 adults in England, aged 16+, percentages sum to greater than 100 due to respondents being able to give more than one response.

Source: Ipsos MORI

Conversely, nearly four in five (79%) respondents thought that the “NHS should provide the same standard of service to patients at the weekend as during the week.” Perhaps most interestingly, when asked to name reasons why seven-day services might be needed, 59 per cent cited issues relating to convenience, compared to 43 per cent who cited factors relating to quality. See table 2 below.

This led Ipsos-Mori to conclude that:

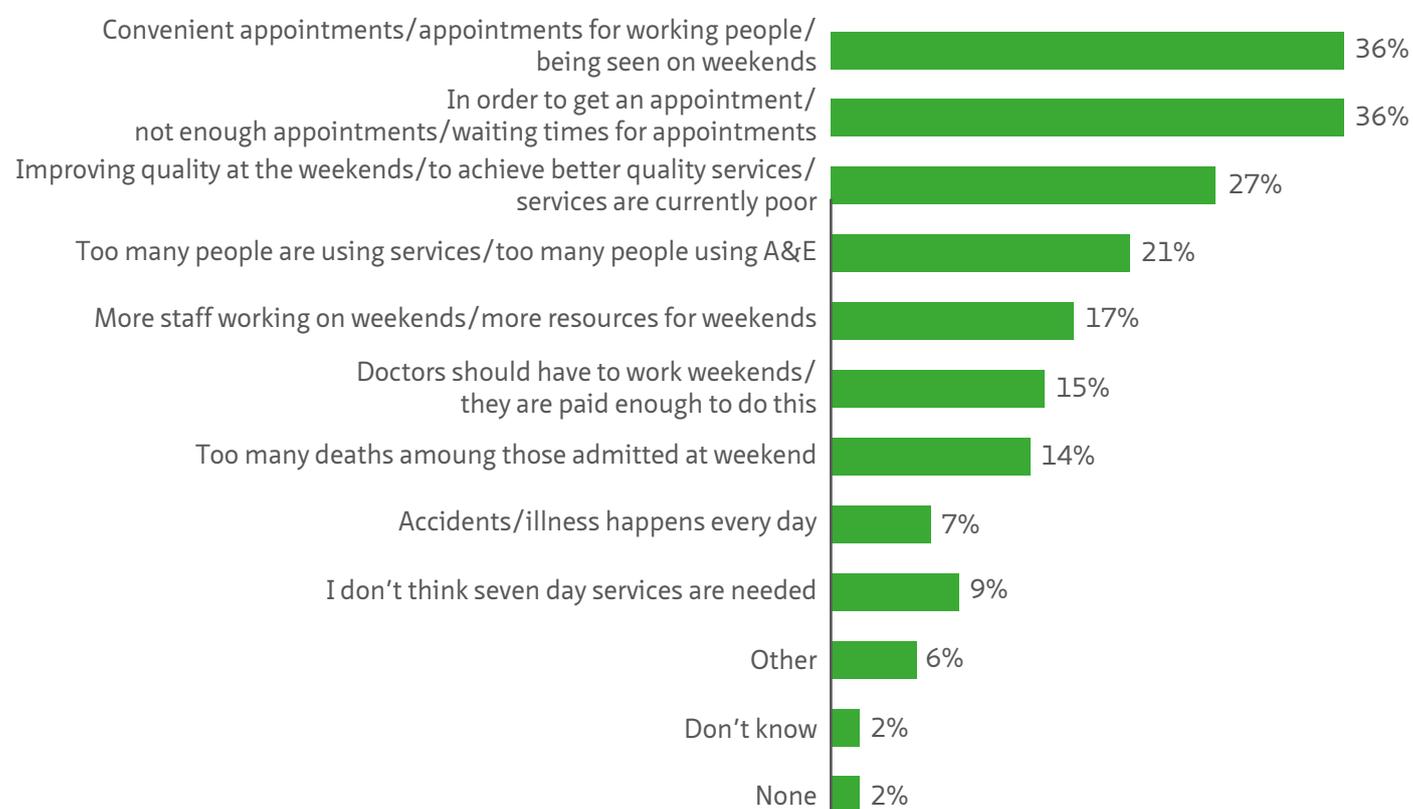
“While a seven-day health service is generally something that the public would welcome, it’s not clear they yet grasp the main motivation for doing so. The public are in favour of weekend services that match week-day ones, but at the moment their main interest is in convenience rather than safety.”

In July 2015, YouGov surveyed the public to determine views on seven-day services.<sup>44</sup> It found broad support for seven-day services across different parts of the NHS. Sixty-one per cent thought GP surgeries should be required to offer appointments seven days a week and 63 per cent said hospitals should offer routine, non-emergency services on a seven-day basis.

However, respondents are more divided when asked whether delivering seven-day NHS services can be achieved with existing resources, ie without requiring additional staff or funding. Forty-two per cent agree it is possible, whilst 48 per cent disagree.

**Table 2** And while quality is seen by some as a reason for seven day services, most think that it’s just a way of getting appointments on tap

The government is proposing seven day health services for the NHS. For what reasons, if any, do you think this might be needed? If you don’t think this is needed, please say so (unprompted)



Base: 1,123 adults in England, aged 16+, percentages sum to greater than 100 due to respondents being able to give more than one response.

Source: Ipsos MORI

## ii) Health leaders' views

The Nuffield Trust regularly surveys a panel of 100 health and social care leaders across England to garner their views on the key issues and developments affecting the NHS and wider system. Its survey published in September 2015 included a number of questions about seven-day NHS services. Ninety-six per cent said that they believed 'seven-day urgent care services' as articulated in the NHS England clinical standards should be "a high or moderate priority." One acute provider respondent said:

"It has been a high priority for us for the past ten years and we believe it has made a major difference to patient flow, safety and training."

However just 37.8 per cent of respondents felt that seven-day access to elective services was a high or moderate priority, with particular concerns expressed about staffing and financial pressures:

"Currently the staffing demands, without significant reconfiguration, will not allow this to happen to the standard we wish under the financial constraints that we have."

There was further concern expressed about the financial implications of expanding provision, with one respondent stating:

"It is important but needs resourcing! The national debate at present is failing to highlight the mutual incompatibility of quality and financial goals."

As another acute provider representative reflected:

"It's good to use plant [facilities – eg operating theatres] 24/7 but it's unaffordable since we are meant to be saving money not spending it."

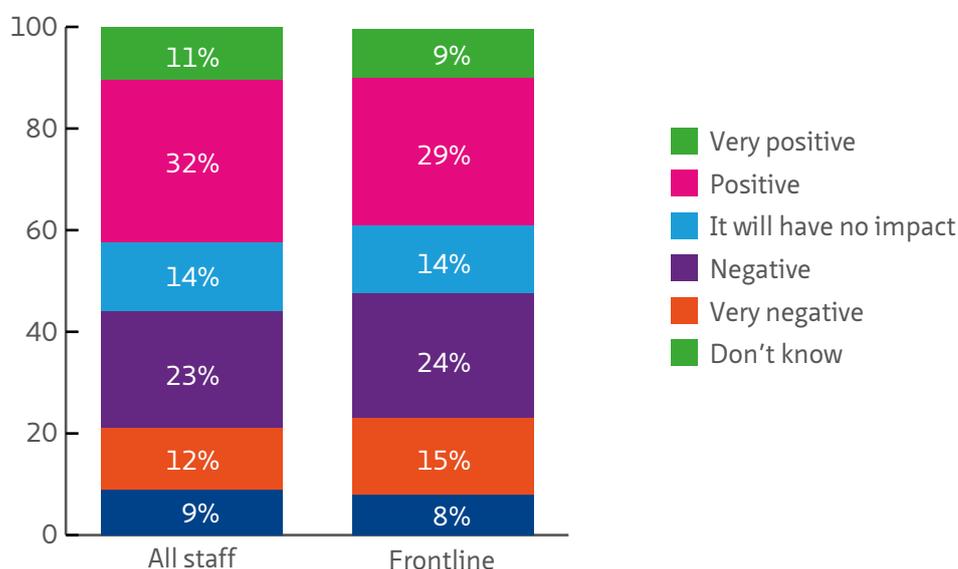
Having looked at what senior health and care leaders think about seven-day services, it is also important to examine what other NHS colleagues think.

## iii) NHS staff views

In August 2015, Dods published a survey of 2,608 NHS staff<sup>45</sup> which included key questions on seven-day services. Forty-three per cent of all respondents (38 per cent of 'frontline staff') stated that the introduction of a seven-day NHS would have a positive or very positive impact on their organisation, whilst 35 per cent thought the impact would be negative or very negative (rising to 39 per cent amongst 'frontline staff'). See table 3 below.

**Table 3 Question 2:**

**Do you think that the introduction of a seven-day NHS will have a positive or negative impact on the clinical services of your organisation?**



## Workforce implications

Delivering seven-day services will have particular implications for the NHS and wider health and care workforce. Delivering an increasing number of NHS services on a seven-day basis will require additional capacity amongst key professional groups. It also underlines the need for sound workforce planning.

Staffing shortages in key professions and localities have been identified as potential barriers to the delivery of seven-day services. Health Education England has acknowledged that “in December 2015, the NHS in England, Wales and Northern Ireland had more than 23,443 vacant nursing posts and 6,207 vacancies for doctors” and that shortages in nursing posts would remain until 2020.

Professor Jane Dacre in her presidential address to the annual Royal College of Physicians conference<sup>46</sup> warned that there are not enough doctors to deliver the seven-day vision:

“I feel sorry for NHS trusts, I really do. Across the country, they have created a raft of new posts to meet the exponentially rising demands for patient care, only to find that there is no-one to fill them. And our cash-strapped NHS trusts would not be creating posts unless they really needed them. Over the last year, our census data shows that 40 per cent of consultant posts remain unfilled, nearly always due to a lack of candidates.”

To date much of the debate about the workforce needs of seven-day NHS services delivery has been focused on contract negotiations relating to the consultant and junior doctor contracts. However this is just one of a series of workforce issues that requires attention. This requires us to further explore the

nature of the workforce we will need to deliver the new models of care set out in the Five Year Forward View, the enhanced role of primary care, community nursing, pharmacy and other key groups of professionals. This will require investment in different types of services, as well as education and training programmes which equip a range of professionals to deliver very different types of services and in very different settings.

Alongside the consideration of how NHS organisations maximise the use of facilities and kit, they also have to be realistic about availability and capacity of their workforce, the reality is that whilst theatres are available providing flexibility, “staffing is the issue”.

The issue of workforce supply and seven-day NHS provision was recently examined by the Public Accounts Committee in its report, *Managing the supply of NHS clinical staff in England*.<sup>47</sup> It found that:

“No coherent attempt has been made to assess the headcount implications of a number of major policy initiatives such as the seven-day NHS. The Department has mandated NHS England to implement seven-day services in the NHS by 2020, and the NHS Five Year Forward View envisages more care being provided outside of hospitals and closer to people’s homes. Both of these initiatives are expected to involve changes in the number and mix of clinical staff. However, the Department has not adequately assessed the impact on the clinical workforce of implementing seven-day services, and so does not know if there will be enough clinical staff with the right skills.”

**“Staffing shortages in key professions and localities have been identified as potential barriers to the delivery of seven-day services.”**

## NHS Confederation viewpoint

It recommends that:

“All major health policy initiatives should explicitly consider the workforce implications, and specifically the Department should report back to us by December 2016 with a summary of the workforce implications of implementing the seven-day NHS.”



**Essential reading:** Academy of Royal Medical Colleges (2013), *Seven day consultant present care: Implementation considerations*.

Over the last two years, the debate about seven-day NHS services has become increasingly polarised, particularly because of the connection to NHS contract negotiations. It is now important that we begin to disentangle the two issues and focus on those areas in which there is shared agreement – that the government, the BMA and a range of representative bodies including the NHS Confederation all support the principle of a seven-day NHS. What we specifically need to do is establish a shared view of what we all mean by a seven-day NHS and agreement about how we deliver this vision.

We are helped in this endeavour by what emerges from the work of the national bodies and from organisations like the HFMA and NHS England, all of which underline the need for local solutions. Whether it is a consideration of local needs, tackling unwarranted variation in care and outcomes, potential deviation from the tariff, recruitment barriers or risk sharing arrangements, we need to create the space for local health and care systems to determine what is best for their local health and care economies.

It is also vital that this is seen as a whole system issue. The ability to deliver a ‘truly seven-day NHS’ must include a strong focus on, and appropriate resourcing of acute provision, urgent and emergency care, community services, primary care, mental health services, pharmacy and social care. Failure to focus on one part of the system will restrict the ability of the public to access the right services.

The evidence relating to the impact of current seven-day service provision, the different health needs of local communities and the financial pressures on different parts of the health and care system underline the need for decisions about which services are needed to be made by commissioners and those organisations that provide NHS and wider care services locally. It is clear that what works in one locality may not be right for another area, so it is essential that decision-making takes place within local communities, rather than at a national level.

At the heart of this decision-making process should be an active consideration of local demographics, health profiles, geography, current service provision and current and potential clinical outcomes. This conversation should also involve local people, carers and their representatives. This is particularly important where local decisions lead to very different ways of delivering health and care services. Where change is needed, we must bring whole communities with us and explain the very real clinical benefits which change will bring.

The development of local sustainability and transformation plans (STP), and wider progress towards the greater integration of health and care services means that we have a potentially unique opportunity to ensure that people have access to appropriate health and care services when they need them, regardless of time of day, day of the week or the area in which they live. The development of local STPs represents an excellent opportunity for local commissioners, providers and non-NHS partners to determine what balance of services across all seven days is right for their local area. It is essential that a consideration of what is required locally in terms of provision across different days of the week forms a key part of the planning process.

It is also important that we learn from experiences relating to the greater centralisation of specialist services such as neurology, trauma and stroke care which are equally applicable to debates relating to seven-day services. We need to articulate the benefits for local communities and make clear that the primary driver for providing enhanced seven-day services is to improve outcomes for those who use services.

It is essential that we prioritise those services across all parts of the system which ensure that more people get the right care in the right place and wherever possible this should be close to home. This means ensuring consistent responses in people's homes, via community services, social care and ambulatory care, as well as in hospitals. Given financial pressures on all NHS and wider health and care organisations it is important that we focus on ensuring consistency of outcomes in key parts of the health and care system, starting with those who require urgent and emergency care and those currently in hospital. This reinforces the central message of a recent policy briefing on seven-day care by the Royal College of Surgeons,<sup>48</sup> which makes clear that the focus for seven-day services "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." For the former group we must work to ensure both equitable access and outcomes and for the second group we should focus on ensuring that they receive progressive care across all seven days. This will then require improvements to community based services to enable people to ensure that only those who require hospital care are admitted and that people can be discharged into appropriate services or settings regardless of the day of the week.

As one senior healthcare professional noted:

"The danger is we move to seven day working in an uncoordinated fashion – with different sectors moving at different speeds – with the result that the service is only as good as the worse performing part."

**“At the heart of this decision-making process should be an active consideration of local demographics, health profiles, geography, current service provision and current and likely clinical outcomes.”**

Implicit in any consideration of how we extend NHS services across all days of the week, must be an equally strong focus on availability and resourcing of social care provision. Increasing the availability of NHS services, whether in hospital or in the community at weekends, will place significant additional demands on social care provision locally. As Dr Sarah Wollaston, MP noted ahead of the Comprehensive Spending Review announcement in 2015, the ability of the NHS to deliver an enhanced seven-day offer is inextricably bound up in the willingness to address the growing pressures on our social care system.<sup>49</sup> The NHS Confederation and our partners, including ADASS and the Care and Support Alliance have made clear that a failure to achieve an adequate funding settlement for social care will seriously inhibit the ability of the NHS to deliver the Five Year Forward View. Similarly, there would appear little point improving access to NHS care at the weekend, if there is insufficient capacity and resources to support people to return home on Saturday and Sunday. Simon Stevens speaking at the NHS Confederation's annual conference and exhibition in Manchester in 2016<sup>50</sup> said that social care funding was unfinished business.

Implicit in media coverage of recent political announcements regarding seven-day services has been the focus on convenience for 'patients'. Given the financial realities of the NHS and the wider system, our clear focus must be on those services which have the most impact in terms of outcomes for patients, rather than offering convenience. For example, in mental health services it would be desirable to provide talking therapies for people who want to access support outside normal working hours, however the first priority must be to ensure we have crisis care accessible seven days a week.

We must be collectively clear with the public that what is being articulated is not a future in which all NHS services will be available 24 hours a day, seven days a week. We must recognise the costs involved in delivering seven-day services and tailor our ambition accordingly. The priority must be on urgent care first, with a consideration of extending routine care second. We must communicate this ambition clearly to the public and ensure that this is no room for confusion.

As part of this conversation with the public we must also be clear what the delivery of enhanced seven-day services will mean for other key aspects of health and care delivery. Including on other days of the week. As one senior healthcare professional warns:

**"We need more of the same at weekends, and not by eroding weekday working to do a poor job at weekends."**

It is important that the NHS is seen to be 'sweating its assets' and maximising what it delivers from the public funding it receives. Most obviously, this means using equipment and buildings at weekends to improve the flow of patients through services. Many NHS organisations are already delivering seven-day services in areas beyond emergency and critical care, which include antenatal services, sexual health, elective care, community services and pharmacy.

There are strong arguments for delivering services such as elective activity at weekend, particularly those associated with convenience and economic activity. However, these decisions are best made locally and the need for convenience must be balanced with demand, funding and workforce availability.

Many acute providers have considered extending such elective provision across seven days. One major acute provider opted for a six-day elective hospital, increasing enhanced provision on Saturday in order to maximise the use of its facilities. It decided against extending provision across all seven days because it wanted to use Sunday as a 'cooling down day' and to address concerns about workforce supply. The trust concluded that:

**"The cost of delivering fully seven-day elective services did not stack up – the risk benefit did not stack up. Risk was not high, but cost was."**  
(Acute hospital provider).

Across all areas, the provision of seven-day services required consideration of what is and is not required. For example, one senior pharmacist noted that:

**"We switch off supply/dispensing on a Saturday/Sunday to all but our emergency care patients, ie we don't do supplies/discharges for the other ten**

hospitals we look after. The overall supply model allows this to be doable without causing problems with flow.”

Everything open, all of the time is not the solution. What is needed is careful consideration of the right balance of services across all seven days, with a strong initial focus on emergency and critical care.

We must bring clarity to this debate and make clear which services are already available seven days a week and which further services might enable the NHS to deliver improved experiences and outcomes for people who use services, and deliver cost effective care. This question of cost effectiveness is an important one, both for commissioners and those providing services. It is not in the interest of the long-term sustainability of the NHS for us to commit to providing services for which there is either insufficient demand or for which the costs outweigh the benefits. The reality is that money that is spent enhancing seven-day provision across the system, is money that cannot be spent on other forms of provision.

In some instances, local factors such as demography, local health profiles and geography may mean that it is not appropriate or effective to commission and deliver particular services across seven days, however it is important that this decision is taken by local decision-makers.

The NHS Confederation-led commission on urgent care for older people,<sup>51</sup> which involved senior leaders from across all parts of the health and care system, and the resulting *Growing old together*<sup>52</sup> report underlines showcases in which different parts of the system have come together to transform care. These cover the full range of services, including those which are provided in people’s homes, in local communities via community and voluntary services, care homes, ambulatory care, A&E departments and acute hospital, and back out again. Many of the lessons of this report, its whole system approach and in particular the set of key principles which we collectively believe should underpin urgent care for this key group, provide a useful framework for those charged with determining local needs for seven-day service provision.

We need to be clear that enhancing and expanding what is available and shifting the balance of care will, in many instances, require double running, with the associated costs this brings. This will require the effective use of transformation funding.

The need for decision making to be rooted in localities means that there are a number of important roles for the national bodies such as NHS England, Monitor and Care Quality Commission.

The first is to ensure that we have a sustainable model and that this ensures the ability of all parts of the system to deliver key services seven days a week. Second, that we have clarity about the costing and subsequent funding of services across all parts of the health and care system and specifically the availability of transformation funding. The Royal College of Surgeons recently suggested that:

“The Government or NHS England should commission in-depth financial modelling of the anticipated cost of seven-day services.”

Third, as noted previously, those areas in which HFMA found the greatest progress had all agreed local variations to the tariff and risk sharing between commissioners and providers of NHS services. NHS Improvement and NHS England are already reforming payment mechanisms for urgent and emergency

**“We need to be clear that enhancing and expanding what is available and shifting the balance of care will, in many instances, require double running, with the associated costs this brings.”**

care and have recently published examples of risk sharing between commissioners and providers. They are also reviewing the whole payment model and it is important that this happens as a matter of urgency as the quicker this happens, the more local areas will be able to make progress on the seven-day services agenda.

Fourth, NHS England should ensure that there is clarity regarding the national standards for urgent and emergency care to make explicit the criteria against which performance will be measured, allowing local areas the freedom to determine how these should be met.

Finally, NHS Improvement and Care Quality Commission can support effective seven-day services across the whole health and care system by developing system-wide approaches to inspection and regulation, which measures the outcomes of whole systems rather than individual organisations.

We must build on the positive work which is already delivered across the NHS and the wider health and care system on a seven-day basis. In doing so we must enhance the care which is available, but do so in a way that is sustainable and improves outcomes for those who need services most. The focus should be on local decision-making, with local commissioners and providers of NHS and wider health and care services determining what is right for local areas, based on the needs of the local populations. Those working at a local level are best placed to determine, in partnership with their local communities, what is needed.



**Essential reading:** NHS Confederation, Local Government Association, NHS Clinical Commissioners, NHS Providers (2016), *Understanding sustainability and transformation plans*.

**“The focus should be on local decision-making, with local commissioners and providers of NHS and wider health and care services determining what is right for local areas, based on the needs of the local population.”**

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