

'Implications of introducing seven-day working in the NHS' House of Lords Debate

Thursday 6 February 2014

The British Medical Association (BMA) is an independent trade union and voluntary professional association which represents doctors and medical students from all branches of medicine all over the UK. With a membership of over 153,000 worldwide, we promote the medical and allied sciences, seek to maintain the honour and interests of the medical profession and promote the achievement of high quality healthcare.

Key points

- The BMA believes patients should receive the same high quality of care every day.
- There has been no robust modelling of what the impact of seven day working would be on staff numbers and working patterns or its financial implications. We would welcome a better understanding of which specialties would maximise impact on patient outcomes.
- While much of the focus on seven-day working has been on secondary care, we note recent policy announcements about increasing access to general practice from 8am to 8pm, seven days a week. We remain concerned that the current workforce is stretched trying to provide high quality care within current access arrangements.
- The BMA stands ready to work with all stakeholders to develop a model of seven day working for delivering high-quality, emergency, urgent and acute care to patientsⁱ.

Introduction

There is a growing movement towards NHS services being available seven days a week. This is being driven by three primary factors: a desire to improve quality of care; service redesign and reconfiguration; improving access and convenience.

The clinical case behind changing the model of care towards more seven-day services lies in a number of studies which suggest that outcomes are not as good for patients admitted at the weekend.

The BMA believes NHS care should be of the same high quality across seven-days: patients should receive the same high quality of care every dayⁱⁱ. There are however, significant resource and ways of working implications that are associated with seven day working. These require closer examination.

There is currently little clarity about how the NHS would move to a seven-day service, and how it impacts on patients, doctors and the wider NHS. In practical terms, achieving the same care quality throughout the week will mean more NHS staff, especially but by no means limited to senior doctors, on site at hospitals at weekends and evenings. There has been no robust modelling of what the impact of seven-day services would

be more generally on staff numbers or working patterns, the financial implications, or clinical outcomes for individual specialties. There are also implications for access to general practice.

Furthermore, in the current economic climate, with huge financial pressure on the NHS and serious difficulties delivering current services within budget, we do not believe resources could be freed up to deliver elective services seven days a week. Instead, the BMA believes the focus should be on delivering more and better urgent and acute care, which should help reduce unacceptable variations in mortality.

It must also be borne in mind that the NHS already runs a seven-day service where clinically required. Every hospital inpatient, or person admitted to hospital, is looked after and regularly reviewed by doctors up to and including consultant level. Standards for how this care is appropriately delivered and escalated are continually reviewed by medical royal colleges.

Nevertheless, the BMA stands ready to work with all stakeholders to develop a model for delivering high-quality emergency, urgent and acute care to patientsⁱⁱⁱ.

The BMA position on seven-day working

As the only body representing all doctors in the UK, the BMA plans to play a key role in helping to determine a model of seven day services that is good for patients and fair to staff. We stand ready to work with all stakeholders to achieve a clear understanding of what working patterns will be required, especially for hospital consultants, as well as the resource implications.

We will also play a full role in determining what support services must be available at weekends and evenings, which will allow consultants to maximise the positive effect they can have on patient care by being on-site. The BMA can also play a key role in determining a model for seven-day services to improve quality for acutely ill patients across primary and secondary care, which is essential if we are to address the system-wide challenges facing the NHS. We believe it is of paramount importance for all stakeholders to work towards a sustainable model that achieves the best outcomes for patients and is fair for doctors.

The BMA believes that urgent and emergency services should be the priority for investment to bring the standard up to the very best, every day. Care quality improvements should be the primary driver of seven-day service development for acutely ill patients. In the current and foreseeable economic climate, with huge financial pressure on the NHS, we do not believe resources could be freed up to deliver routine and elective services seven days a week.

What seven-day services might mean in practical terms

In practical terms, improving care quality for acutely ill patients throughout the week will mean many more NHS staff on site at hospitals at weekends and evenings. It also requires other services being available to enable clinicians to provide high quality care as usual, such as diagnostics, social care, care homes (for transfer to and from hospital) and administrative support.

NHS England's Seven Day Forum examined these issues in detail in its recent report, *NHS Services, Seven Days a Week Forum*^{iv}. Some individual trusts have developed availability of some services over seven days around the country, although not all of these are in emergency, urgent or acute services^v.

The BMA notes there has been no robust modelling of what the impact would be on staff numbers and working patterns or what the financial implications would be. We would also welcome a better understanding of which specialties would maximise impact on patient outcomes. While, for example, most hospital consultants provide on-call, and many work on-site, at weekends and evenings, we do not yet have a clear picture of how many consultants would be required to do more of this, to what extent this would reduce their ability to provide care during the rest of the week, or how many additional doctors would be required to make it viable across the board.

There is also a difference between providing emergency, urgent and acute care across seven days, and providing the full range of services equally across seven days. In the current and foreseeable economic climate, with huge financial pressure on the NHS, the BMA does not believe that the resources could be freed up to

deliver routine and elective services seven days a week. Clearly, the latter would have the biggest impact on staff and resources: creating a seven-day service may place additional pressure on services during the rest of the week. The BMA is seeking reassurances that sufficient resources are provided so that pressure is not shifted from one part of the system to another.

The BMA also notes that while much of the focus on seven-day working has been on secondary care, there have been recent policy announcements about increasing access to general practice. In England, a pilot scheme will give patients access to their GPs from 8am to 8pm, seven days a week^{vi}. We will support GPs taking part in the recently announced pilots that aim to extend access and believe the findings should be used to assess the cost-effectiveness of delivering extended hours in primary care. We remain concerned that the current workforce is stretched trying to provide high quality care within current access arrangements^{vii}. We must ensure that the pilot is used to assess the most effective way of improving patient outcomes by extending access to general practice.

References

ⁱ The BMA and NHS Employers entered contract negotiations in October 2013 with a view to exploring possible changes to the 2003 consultant contract. The talks cover issues around consultants' terms and conditions and the provision of seven-day services.

ⁱⁱ BMA Annual Representatives Meeting policy states:

That this Meeting recognises the need for safe, high quality emergency and in-patient care throughout the week and notes that delivering emergency care is not the same as providing comprehensive non-urgent, elective and planned care on a seven day, 24 hour basis.

ⁱⁱⁱ BMA Position Paper on Seven Day Services (2013) <http://bma.org.uk/working-for-change/the-changing-nhs/nhs-culture/seven-day-services>

^{iv} NHS Services, Seven Days a Week Forum, (2013) <http://www.england.nhs.uk/wp-content/uploads/2013/12/forum-summary-report.pdf>

^v For more information, see <http://www.improvement.nhs.uk/7DayServices/SevenDayWorkingCaseStudies/tabid/219/Default.aspx>

^{vi} For more information, see 'Seven day, 8am – 8pm, GP access for hard working people': <https://www.gov.uk/government/news/seven-day-8am-8pm-gp-access-for-hard-working-people>

^{vii} For more information, see Developing General Practice today, Providing healthcare solutions for the future: <http://bma.org.uk/working-for-change/negotiating-for-the-profession/bma-general-practitioners-committee/priorities/gpc-vision>