

Case Study: 7 Day Services



Hospital Trusts around the country are facing the challenge of introducing 7 day services. Respiratory Colleagues are often at the forefront of developing new and innovative solutions to ensure that patients receive respiratory care of the highest standard.

Dr Justine Hadcroft, Consultant Respiratory Physician at Royal Liverpool University Hospital explains how her hospital has approached the issue.

“Junior doctors are essential to support this service; both Monday-Friday and weekends”

Background

At the Royal Liverpool University Hospital the respiratory medicine consultants worked a traditional model of 2 ward rounds a week and a 1:6 weekend on-call service. We felt that there was a need to improve the service. Shortfalls in the workforce meant that there were gaps in junior doctor rotas and other absences for on-call provision eg study leave, annual leave etc. We were concerned about the effect of this on the delivery of services to our patients. Because of this the Trust was keen to provide a 7 day service and so invested in consultant staff to provide this level of care. The total number of consultants increased from 6 to 8.

Setup

There are 2 respiratory wards and consultants rotate every 8 weeks, covering the wards for 2 weeks a time. During the 2 weeks on the wards consultants cut their outpatient activity. During the period of time that consultants are not on the ward each consultant has added an outpatient clinic to their activity. They now share clinics to minimise cancellations.

Annual Leave

Consultants are only permitted to take annual and study leave during the 6 week period that they are not on the wards

Issues to consider

1. Two weeks of ward cover works well and is worth considering. It is advisable to agree that consultants do not take leave during their ward cover, and this should be factored in to job planning.
2. It is important to ensure that SPAs are not squeezed out. This can be achieved by having an ‘annualised’ job plan and so average out activity over the cycle (in the case of RLUH this is over an 8 week period).
3. Develop a plan for what will happen to other activity e.g. OPD, lists. If there is no increase in resource, activity will drop under this model. An increase in consultant numbers will probably not lead to an increase in OPD activity
4. Consider the effects on other out-of-hours activities. Despite the increased consultant presence, some other services will not function on a 7 day basis (e.g. patient therapies).
5. Junior doctors are essential to support this service, both Monday-Friday and at weekends.
6. It is vital that this is not introduced in addition to a normal duties: it is extra work and other activities need to be cancelled to make way for it.



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