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 Saif Khalid, Consultant Respiratory Physician at Royal Blackburn Hospital explains how his hospital has approached the issue.

"It is complex but I personally think it works well"

Setup

The Royal Blackburn Hospital respiratory service has a 1:8 weekend on-call. Consultants see patients on 2 AMU and 4 respiratory wards.

The aim is to see those patients who are unwell, those admitted directly (without a consultant review) to a respiratory ward, anyone identified for a weekend review, and patients who may be fit for discharge home. The new Respiratory Assessment Unit operates 0900-1700 on weekdays and 0900-1400 on weekends. On this unit, we see patients who may be suitable for discharge home with support rather than needing inpatient care. This could include patients with mild non -acidotic exacerbations of COPD, mild asthma exacerbations etc and patients can be referred there for assessment by A&E, other medical wards or community COPD services. When oncall over the weekend, after finishing our work on AMU and respiratory wards, we would be expected to see patients there.

There is a 1:21 weekend on call rota for medicine which acute physicians are also included in. This is co-ordinated with the specialty on-call service. If a consultant is on-call for respiratory they will also be on-call for medicine. The latter starts at 8pm.

When on-call during the week consultants are not required to do a post-take ward round, instead this is done by acute medicine colleagues. This is coordinated by acute medicine and operates until 8pm. After 8pm respiratory (non-acute) consultants run the on-call service until 8am. This allows respiratory consultants to keep clinics and lists as normal.

In parallel to the respiratory team other specialities do similar hours, staggered over a weekend. This means that all ward patients are seen during the weekend.

Main challenges

1. Junior staff provision is stretched. On a weekend there is one FY1, sometimes FY2, allocated to each consultant; for the specialty work, in addition to the AMU post take ward round.
2. There is a concern that junior doctor training may suffer given the extended consultant presence. To address this issue each ST has one day a week when they are asked to either take a lead, or have sole charge of the ward round. There is then a discussion with the consultant about the patients seen.
3. The minimum number of consultants required for this model is 6 , the optimum number is 8.
4. The weekday on-call arrangement will only work if contact with the on-call consultant is infrequent after 10pm. This is to ensure that daytime commitments are not affected by a busy night on-call.
5. Radiology provision is adequate during a weekend, but access to pharmacy is more limited. The provision of supporting services should not be forgotten.