

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 Rizwan Ahmed, Consultant Respiratory Physician at Royal Bolton Hospitals NHS Foundation Trust explains how his hospital has approached the issue.

Respiratory Wards

The respiratory department at the Royal Bolton Hospitals NHS Foundation Trusts has a total of 7 consultants and 1 registrar.

There are currently 2 respiratory wards (one male and one female) with 27 beds in each that are covered by 2 consultants. For 2 weeks one consultant will cover the male ward and inpatient referral and the other will do the same for the female ward. Both consultants have only ward commitments during this 2 week stint with no clinics. One consultant will be on call (1:7) for out of hours response.

Ward rounds are held every day on all patients, this includes a quick morning board round, full ward round, MDT after the ward round and an afternoon board round. Ward consultants receive calls from GPs for advice and review Respiratory Team outliers. One consultant provides in-reach for MAU from 9am—11am and then Rapid Access Respiratory Clinic 11am—1pm on Monday to Fridays. This consultant will also do bronchoscopies on Wednesday and Friday afternoons.

Out of hours/ weekends

On a 1:7 basis one of the ward consultants will be on call for out of hours respiratory advice. Consultants also work weekends, on a 1:7 basis. A weekend typically runs as follows: 8am-11am MAU ward round seeing respiratory and GIM patients, 11am-2pm respiratory ward round seeing new patients, unwell patients or those due for discharge. Every alternate weekend on call for respiratory a consultant will work one Saturday or Sunday doing GIM on call, and

will be in hospital until 5pm and on call overnight. There are on average 4 GIM on calls a year.

Clinics

4 consultants cover clinics and they do not have inpatients in clinic weeks. On average there are around 5 clinics a week. All consultants take their annual leave during clinic weeks.

The clinics do not have a named consultant and are shared. Clinics are specialty specific and each consultant looks after a subspecialty and is responsible for the governance and pathways of their clinics, but the rota is shared. However while making the rota we try to ensure that the clinics are allocated so that individual consultants cover their chosen subspecialty as much as possible.

Because of the frequency of ward / in-reach cover (1:2.33), clinics have been affected with increasing waiting times.

Challenges

7 day working is busy and requires the right support. Ward weeks are especially busy as there are few middle grade doctors. Weekend ward rounds are done without junior doctors. Respiratory nurses work 7 days a week which is a great help and has had a significant impact on 7 day ward rounds. Other services such as radiology, pharmacy and therapy cover have not moved to 7 day working so other than some on call cover these services are not available.

