London quality standards for acute emergency & maternity care: Consistent 7 day services

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Some papers


Continuity of care and timeliness

• Parallel ward rounds not in series
  • Series = handoffs = dangerous
• All patients seen daily
• Twice daily in acute medical units
• Staff infrastructure
• Diagnostic infrastructure

• Safety and improved patient experience
Quality and Safety Programme – overview

- Identified by the NHS in London as a key priority in 2012/13 to address variations in services and patient outcomes between weekdays and weekends and between hospitals.
- Scope for the programme:

<table>
<thead>
<tr>
<th>Adult emergency services (AES)</th>
<th>Paediatric emergency services (PES)</th>
<th>Maternity services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency departments</td>
<td>Emergency departments</td>
<td>Specific parts of the pathway requiring specialist acute care:</td>
</tr>
<tr>
<td>Acute medicine</td>
<td>Emergency inpatient medicine</td>
<td>- Labour</td>
</tr>
<tr>
<td>Emergency general surgery</td>
<td>Emergency general surgery</td>
<td>- Birth</td>
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<tr>
<td>Critical care</td>
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<td>- Immediate postnatal care</td>
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<tr>
<td>Fractured neck of femur</td>
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Programme process

- Review evidence base for change
- Develop case for change
- Develop standards
- Commission standards
- Audit acute hospitals against standards
- Follow up with acute hospitals

Engagement with key stakeholders
London quality standards

- Clinical expert and patient panels looked at the evidence base, demonstrating evidence of best practice and where London is currently falling short:
  - Literature review
  - Hospital Episode Statistics data
  - Survey of current arrangements at acute hospitals

- Clinical expert panels were multi-disciplinary and geographically representative of London.

- Over 90 clinical experts developed London quality standards to address the key issues identified in the cases for change and build on existing national standards.
Adult emergency services – case for change

• The Quality and Safety Programme built on the 2011 review of adult emergency services (AES) – acute medicine and emergency general surgery which found:
  • Variable and inadequate involvement of consultants
  • cover was half of what it was during the week on weekends;
  • Patients admitted as an emergency at the weekend have an increased risk of dying compared to those admitted on a weekday – more than 500 lives could be saved every year in London and
  • Reduced service provision, including fewer consultants working at weekends, appears associated with the higher mortality rate.
• Recommendations from clinical evidence have been resoundingly clear: early and consistent input by consultants improves patient outcomes.
Quality and Safety Programme – case for change

• Further evidence in acute emergency and maternity services shows that even more lives could be saved and patient experience improved:
  • **The full adult emergency pathway** – differences in working practices and access to key services.
  • **Paediatric emergency services** – struggle to meet national best practice recommendations and have variable consultant involvement.
  • **Maternity** – high rate of maternal deaths in the capital; 26 out of the 34 deaths had avoidable factors, some of which may have contributed to the outcome.
  • London’s heart attack centres already operate a consultant-delivered service seven days a week – no observed difference is found between weekday and weekend mortality rates.
London quality standards

- Standards were developed to address the variation:
  - service provision across London.
  - working patterns between normal working hours, compared to weekends.
  - clinical outcomes

- The standards represent the minimum quality of care that patients should expect to receive in every hospital.

- Similarly, the maternity services quality standards represent the minimum quality of care women who give birth should expect to receive in every unit.
London quality standards

• Compliance with the standards will ensure acute emergency and maternity services are consultant-delivered seven days a week and consistent across all providers.

• London quality standards for acute medicine and emergency general surgery were commissioned from April 2012.

• Extensive engagement was undertaken with clinicians, commissioners, patients and the public, along with the wider clinical body.

• Programme is consistent with NHS England guidance - *Everyone Counts: Planning for Patients 2013/14* - Offer 1: NHS services, 7 days a week.
London quality standards – key themes

- Increased consultant presence across the seven days of the week.
- Consultants on-take to be free from all other clinical duties to focus on emergency admissions.
- All emergency admissions to be seen and assessed by a relevant consultant within 12 hours.
- Consultant involvement for patients considered ‘high risk’ to be within one hour 24/7.
- A clear multi-disciplinary management plan to be in place within 24 hours of admission.
- All patients to be seen and reviewed by a consultant during twice daily ward rounds.
- 24 hour timely access to key diagnostic imaging and reporting.
- Clear patient communication and information and patient experience data to be routinely collected, reported at board level, and acted upon.
- All high risk operations to be undertaken under the direct supervision of a consultant surgeon and anaesthetist.
- *Fractured neck of femur* – appropriate fractured neck of femur patients to be operated on within 24 hours of admission under direct consultant supervision.
- *Maternity* – 168 hours (24/7) labour ward cover.
## Stakeholder engagement snapshot

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
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<tbody>
<tr>
<td>Clinicians contributing to expert panels</td>
<td>90+</td>
</tr>
<tr>
<td>Patient and service user panel members</td>
<td>27</td>
</tr>
<tr>
<td>Attendees at stakeholder events</td>
<td>400+</td>
</tr>
<tr>
<td>Meetings with key stakeholder groups</td>
<td>80+</td>
</tr>
<tr>
<td>Clinical, patient, and GP commissioning group representatives participating in audit teams</td>
<td>60+</td>
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Quality and safety audit process

- Pilot audits were undertaken at two hospitals and the process independently quality assured prior to full roll out across London.
- The audits included:
  - Formal audit against the agreed adult acute medicine and emergency general surgery commissioning standards; and
  - Baseline assessment against key national standards for all other services in scope of the quality and safety programme.
- They were completed in two stages:
  - **First stage** – hospital self-assessment against the standards and submission of supporting evidence, including audit of patient notes.
  - **Second stage** – follow up audit visit by clinically-led audit team.

6 weeks – hospital completes self-assessment and collates evidence and patient notes audit to support assessment

2 weeks – clinically-led review of evidence

Cluster report developed

Hospital notified of audit

Hospital submits self-assessment and evidence

Clinically-led audit visit

Report considered by commissioner
Acute emergency services audit

• Between May 2012 and January 2013 all acute hospitals in London were audited against the London quality standards for acute medicine and emergency general surgery, the reports were published on 28 February 2013.

• All hospitals have recognised the value of meeting the standards.

• Acute hospitals have stated that the audit was useful in:
  • Reinforcing the importance of meeting the clinical quality standards;
  • Focusing teams on prioritising efforts to address gaps identified; and
  • Developing approaches to monitoring delivery and ongoing achievement of the standards.

• Hospitals have recognised that compliance with the standards will require a significant change to the way services are provided at a local and at a network level.
Acute emergency services audit findings

• No single hospital has met all of the standards.

• Every standard is met by at least one hospital in London.

• Many hospitals have made significant efforts to change practice to achieve the standards and some have robust plans in progress.

• Hospitals that could demonstrate robust plans were in place, with Trust Board approval and funding secured were awarded an ‘amber’ status.

• Many hospitals still have significant progress to make to ensure standards are in place consistently across seven days of the week.
Acute emergency services audit – results

Percentage of standards met or not met

- Acute medicine: 49% Met, 48% Not met, 3% Plans in place
- Emergency general surgery: 53% Met, 44% Not met, 3% Plans in place
The biggest challenges are in consultant delivered care and multidisciplinary assessment, 7 days a week.
Acute emergency services audit – conclusion

- London’s acute hospitals have shown a commitment to implementing the standards and progress is being made.

- The most significant challenge for many hospitals is ensuring that the standards are in place seven days a week to ensure variation is eliminated.

- Whilst some hospitals are further ahead than others most have some way to go.

- The standards represent an ambitious level of care but all standards have been shown to be achievable and of value to improving patient care.

- We are working with commissioners to support them in addressing the findings of the audits and ensuring improvements are delivered sustainably.
Further information

Further information is available at: http://www.londonhp.nhs.uk/services/quality-and-safety-programme/

or via email to the In-Hospital Service Redesign team at: england.serviceredesign@nhs.net