

## SEVEN DAY SERVICES

Evidence is presented below for key hospital- and community- based services that are linked to preventing discharge or assisting flow for consideration by local planning groups.

Local planning groups are asked to:

- Evaluate how local services compare to national / local evidence
- Consider the fit with planned services and the financial implications<sup>1</sup>
- Consider how existing stakeholder and public feedback can inform the plans for seven day services and whether additional engagement activity is necessary
- Ascertain key information about the existing workforce<sup>2, 3</sup>
  - workforce planning
  - training needs
  - culture change
- Ascertain current activity levels for the key services identified below and determine whether there is sufficient capacity within the system<sup>4</sup>

## FURTHER WORK THROUGHOUT THE BCF PERIOD

There are a number of tasks that cannot be completed prior to the 4<sup>th</sup> April BCF deadline but nevertheless should take place:

- Review the NHS IQ seven day services toolkit and ascertain if / what further work needs to be done<sup>5</sup>
- Review NHS IQ commissioned evaluation of the 13 Early Adopters who are testing new models of seven day services and care<sup>6</sup>
- Review the Academy of Medical Royal Colleges / University of Birmingham (Professor Julian Bion) evaluation of the impact of high intensity specialist led acute care (HiSLAC)<sup>7</sup>

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<sup>1</sup> NHS Services, Seven Days a Week Forum Summary of Initial Findings (December 2013) - to align with the Urgent and Emergency Care Review.

<sup>2</sup> Centre for Workforce Intelligence (2013) Workforce Briefing. What does 24/7 Working mean for the health and social Care workforce?

<sup>3</sup> NHS Services, Seven Days a Week Forum Summary of Initial Findings (December 2013) – to align with the Urgent and Emergency Care Review.

<sup>4</sup> NHS Services, Seven Days a Week Forum Summary of Initial Findings (December 2013) - to align with the Urgent and Emergency Care Review.

<sup>5</sup> Not yet available – release date TBC, after testing with the Early Adopter sites

<sup>6</sup> NHS Services, Seven Days a Week Forum Summary of Initial Findings (December 2013)

<sup>7</sup> NHS Services, Seven Days a Week Forum Summary of Initial Findings (December 2013)

## HOSPITAL BASED SERVICES

In keeping with modern services the NHS too needs to move toward providing a fully integrated 7-day service that treats patients based on how unwell they are as opposed to the time of day or day of the week. In Dec 2013 Professor Sir Bruce Keogh published the *NHS services, seven days a week* review which stated:

“Emergency inpatients MUST be assessed for complex or on-going needs within 14 hours by a multi-professional team, overseen by a competent decision maker... The MDT will vary by specialty but as a MINIMUM will include: Nursing, Medicine, Pharmacy, Physiotherapy and for medical patients Occupational Therapy... Other professionals that may be required include but are not limited to: Dieticians, Podiatrists, Speech and Language Therapy and Psychologists and Consultants in other specialist areas such as Geriatrics... Hospital inpatients must have scheduled seven-day access to diagnostic services such as x-ray, ultrasound, CT, MRI, echocardiography, endoscopy, bronchoscopy and pathology...”<sup>8</sup>

Service	Hours currently available			Working towards			Supporting evidence	Desired Benefits
	North	Mid	South	BCF Year 1	BCF Year 2	Beyond BCF		
Hospital discharge team / Hospital social worker	7 day limited service / Extended hours full service	Extended hours limited service	Extended hours limited service	7 day limited service	7 day full service	7 day full service	<ul style="list-style-type: none"> <li>“Arrangements for patients leaving hospital will operate on a 7-day basis. Health and social care services in the community will be organised and integrated to enable patients to move out of hospital on the day they no longer require an acute hospital bed.”<sup>9</sup></li> </ul>	<ul style="list-style-type: none"> <li>Hospital discharge services speed up patient discharge, saving at least £120 a day.<sup>10</sup></li> <li>Structured discharge planning is effective in reducing future re-admissions<sup>11</sup></li> <li>Delay of discharge is a common complaint from family and carers, extended hours and prompt discharge plans from social workers could improve this<sup>8</sup></li> <li>Reduce length of stay and risk of readmission<sup>12</sup>.</li> <li>The input of social workers out of hours and on the weekends in acute admission can greatly reduce the number of delayed discharges, and in</li> </ul>

<sup>8</sup> : NHS England – NHS services seven days a week – Professor Sir Bruce Keogh (Dec 2013)

<sup>9</sup> Future Hospital – Caring for medical patients (sept 2013)

<sup>10</sup> Personal Social Sciences Research Unit for Department of Health (2010) National evaluation of POPPs.

<sup>11</sup> The Kings Fund (2010) Avoiding hospital admissions: What does the research evidence say?

<sup>12</sup> : Urgent and Emergency care: A prescription for the future (July 2013)

Service	Hours currently available			Working towards			Supporting evidence	Desired Benefits
	North	Mid	South	BCF Year 1	BCF Year 2	Beyond BCF		
								<p>some case prevent admission in the first place, this has large cost saving implication for trusts<sup>13</sup></p> <ul style="list-style-type: none"> <li>Hospital based social services can enable hospitals to make more efficient and more effective use of ASCH&amp;PP resources.<sup>14</sup></li> <li>improved flow of patients through the hospital with empty beds on a Monday. Discharges increased twofold, from 6 to 17 patients on Sundays. The length of stay of patients reduced an average of 11 hours<sup>15</sup>.</li> </ul>
Pharmacy (for discharge planning and assessment)	7 day limited service	7 day limited service	Extended hours limited service	7 day limited service	24/7	24/7	<ul style="list-style-type: none"> <li>“Emergency inpatients MUST be assessed for complex or on-going needs within 14 hours by a multi-professional team, overseen by a competent decision maker... The MDT will vary by specialty but as a MINIMUM will include: Nursing, Medicine, Pharmacy, Physiotherapy and for medical patients OT”<sup>16</sup></li> </ul>	<ul style="list-style-type: none"> <li>A pilot study where 24 hour access to pharmacy was implemented in Oxford found timelier discharges, a reduction in the risk of missed medications and improved safety and accuracy of prescribing<sup>17</sup>.</li> </ul>

<sup>13</sup> :Epsom and St Helier University Hospitals NHS Trust and Surrey County Council Adult Social Care - Social care presence on the acute medical unit, seven days a week, improves discharges from hospital (2013)

<sup>14</sup> Bywaters, P., McLeod, E. (2003). Social care's impact on emergency medicine: a model to test. Emerg Med J 2003;20:134–137

<sup>15</sup> :NHS Improving quality - Reducing the variation of care at weekends – A test of change approach at Torbay hospital (2013)

<sup>16</sup> NHS England – NHS services seven days a week – Professor Sir Bruce Keogh (Dec 2013)

<sup>17</sup> : NHS improving quality – seven day residency pharmacy model – Oxford University Hospitals NHS Trust (2013)

Service	Hours currently available			Working towards			Supporting evidence	Desired Benefits
	North	Mid	South	BCF Year 1	BCF Year 2	Beyond BCF		
Physiotherapy	7 day limited service	Extended hours limited service / 7 day limited service / 7 day full service	7 day limited service	7 day limited service	7 day limited service	7 day full service		<ul style="list-style-type: none"> <li>A seven day physio service allows for more prompt assessment of patients, reduces time of stay for patients, and therefore has huge cost saving and bed flow implications for trusts<sup>18 19</sup></li> <li>Improved outcomes and shorter lengths of stay for orthopaedic and #NOF patients being operated on Thursday and Friday<sup>20, 21, 22</sup></li> </ul>
Dietetics / nutrition / Occupational therapy / Speech and language therapy / podiatry	Extended hours full service	7 day limited service	Extended hours limited service / 7 day limited service	7 day limited service	7 day limited service	7 day limited service	<ul style="list-style-type: none"> <li>“Other professionals that may be required include but are not limited to: Dieticians, Podiatrists, Speech and Language Therapy”<sup>15</sup> (with regards to assessment of all emergency admissions within 14 hours)</li> <li>All hospital inpatients on admission and all outpatients at their first clinic appointment should be screened for signs of malnutrition (does not specify that this needs to be performed by a dietician, no direct evidence that it improves clinical outcome)<sup>23</sup></li> </ul>	<ul style="list-style-type: none"> <li>Improved outcomes and shorter lengths of stay<sup>24</sup></li> <li>In a pilot study offering 7 day OT services patients had better access to timely assessment – with 100% of inpatients meeting the NICE quality standard of having assessment by a specialist team member within 24 hours of admission (an improvement from 85%) consequently patient satisfaction in the service was higher<sup>25</sup></li> <li>Having on-call SALT services over the weekend, in combination with OT and Physio allows for a greater number of weekend discharges<sup>26</sup></li> </ul>

<sup>18</sup> :Brighton Paradza- Delivering eQIPP through seven day working physiotherapy service for cardio-thoracic surgery patients (2006)

<sup>19</sup> :Cardiff and Vale university health board – Extended day and seven day physiotherapy service in acute medicine (Nov 2009)

<sup>20</sup> :DoH – 7 Day working, examples of innovation and good practice : Golden Jubilee National Hospital (2011)

<sup>21</sup> :NHS Improvements – 7 day working, examples of good practice : Wansbeck General Hospital, Hexham General Hospital & North Tyneside General Hospital (2009)

<sup>22</sup> Future Hospital – Caring for medical patients (sept 2013)

<sup>23</sup> :NICE Guidelines: Nutrition Support for Adults, Oral Nutrition Support, Enteral Tube Feeding and Parenteral Nutrition (Feb 2006)

<sup>24</sup> :NHS Improvements – 7 day working, examples of good practice : Wansbeck General Hospital, Hexham General Hospital & North Tyneside General Hospital (2009)

Service	Hours currently available			Working towards			Supporting evidence	Desired Benefits
	North	Mid	South	BCF Year 1	BCF Year 2	Beyond BCF		
Acute care liaison service (dementia / mental health)	Extended hours full service	Extended hours full service	Extended hours full service	24/7	24/7	24/7	<ul style="list-style-type: none"> <li>Commissioners ensure strong links between urgent care centres and other health/social care services as part of broader unscheduled care system. Potential forms of integration with other services include: access to support for mental health assessments 24 hours a day, seven days a week<sup>27</sup></li> <li>local mental health services need to be available 24 hours a day, 7 days a week for urgent and emergency access<sup>28</sup></li> </ul>	<ul style="list-style-type: none"> <li>Majority of patients were discharged home (43%) with low readmission rates within 30 days of discharge<sup>29</sup></li> <li>Feedback from the Integrated Health and Social Care Team Lead suggests that<sup>30</sup>:               <ol style="list-style-type: none"> <li>Referrals are dealt with much more quickly than before</li> <li>Answers to the referrer's questions are dealt with more quickly</li> <li>Speeds up hospital discharge and reduces length of stay</li> <li>More appropriate care for cohort of patients</li> </ol> </li> <li>Cost saving in terms of activity not needing to be commissioned<sup>31, 32</sup></li> </ul>
Tissue viability	Extended hours full service			7 day full service	7 day full service	7 day full service	<ul style="list-style-type: none"> <li>NHS Outcomes Framework 2014/15 – indicator 5.3, Proportion of patients with category 2, 3 and 4 pressure ulcers</li> </ul>	
x-ray	7 day full service	Extended hours full	B/Extended hours	7 day full service	7 day full service	7 day full service	<ul style="list-style-type: none"> <li>Seven-day consultant presence in the radiology department is</li> </ul>	<ul style="list-style-type: none"> <li>Appropriate use of imaging can reduce length of stay<sup>36</sup></li> </ul>

<sup>25</sup> : NHS Improving Quality- Improving access to stroke rehabilitation through a seven day therapy service on the stroke unit - Torbay and Southern Devon Health and Care Trust (2010)

<sup>26</sup> : DoH – 7 Day working, examples of innovation and good practice : Good Hope Hospital, Heartlands Hospital, Solihull Hospital (2011)

<sup>27</sup> NHS Commissioning Support for London (2010) A service delivery model for urgent care centres: Commissioning advice for PCTs

<sup>28</sup> Department of Health (2014) Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis (supported in the NHS Mandate 2014-15)

<sup>29</sup> local evaluation (Bassetlaw)

<sup>30</sup> local evaluation (Bassetlaw)

<sup>31</sup> local evaluation (Bassetlaw)

<sup>32</sup> Centre for Mental Health (2012) Liaison Psychiatry in the Modern NHS

Service	Hours currently available			Working towards			Supporting evidence	Desired Benefits
	North	Mid	South	BCF Year 1	BCF Year 2	Beyond BCF		
		service/ 7 day full service	full service				envisaged <sup>33</sup> <ul style="list-style-type: none"> <li>“Where imaging will affect immediate outcome, emergency surgical patients have access to CT, plain films and US within 30 minutes of request”<sup>49</sup></li> <li>All patients being admitted to a trust that accepts medical and surgical emergencies should have access 24 hours a day, seven days a week to interventional radiology<sup>34</sup>. As interventional radiology is now at the forefront of the management of many life-threatening emergencies<sup>35</sup></li> </ul>	<ul style="list-style-type: none"> <li>Reduce waiting list times for outpatient imaging through freeing up of equipment during the week<sup>37, 38</sup></li> <li>Timely imaging improves outcomes<sup>39, 40</sup></li> <li>Utilizing equipment and optimizing available resources<sup>41, 42, 51</sup>.</li> <li>Performing CT in ED could reduce the number of avoidable hospital admissions</li> </ul>
Computerised tomography (CT)	7 day full service	Extended hours limited service/ 7 day limited service	7 day limited service/ Extended hours full service	7 day full service	7 day full service	7 day full service		
Magnetic resonance imaging (MRI)	7 day full service	7 day limited service/ 7 day full service	7 day limited service/ Extended hours full service	7 day full service	7 day full service	7 day full service		
Radiology (Including	7 day full	Extended hours	7 day full	7 day full	7 day full	7 day full		

<sup>36</sup> :Juan C. Batlle, Peter F. Hahn, James H. Thrall, Susanna I. Lee, (2010) *Patients Imaged Early During Admission Demonstrate Reduced Length of Hospital Stay: A Retrospective Cohort Study of Patients Undergoing Cross-Sectional Imaging* J Am Coll Radiol;7:269-276.

<sup>33</sup> NHS England – NHS services seven days a week – Professor Sir Bruce Keogh (Dec 2013)

<sup>34</sup> :RCS (2011) Emergency Surgery Standards for unscheduled care

<sup>35</sup> :The Royal College of Radiologists – Standards for providing 24 hour interventional radiology services (2008)

<sup>37</sup> : DoH- 7 day working, examples of innovation and good practice (2011)

<sup>38</sup> :7 Day Working Examples of Innovation and Good Practice – Torbay Hospital (2011)

<sup>39</sup> : National Institute for Health and Clinical Excellence (2007). *Head Injury: Triage, assessment, investigation and early management of head injury in infants, children and adults*.

<http://www.nice.org.uk/nicemedia/live/11640/36255/36255.pdf>

<sup>40</sup> :NICE (2008) Metastatic spinal cord compression

<sup>41</sup> : DoH – Implementing 7 day working in imaging departments: Good practice guidance - 2011

<sup>42</sup> : Taxpayer’s Alliance – NHS machines utilisation of high-value equipment at NHS trusts - 2009

Service	Hours currently available			Working towards			Supporting evidence	Desired Benefits
	North	Mid	South	BCF Year 1	BCF Year 2	Beyond BCF		
Angiography )	service	limited service/ 7 day limited service/ 7 day full service	service	service	service	service		
Ultrasound	7 day limited service	Extended hours limited service/ 7 day limited service	Extended hours limited service	7 day limited service	7 day full service	24/7	<ul style="list-style-type: none"> <li>“Hospital inpatients must have scheduled seven-day access to diagnostic services such as x-ray, ultrasound, CT, MRI, echocardiography, endoscopy, bronchoscopy and pathology”<sup>43</sup></li> </ul>	<ul style="list-style-type: none"> <li>A 7 day ultrasound service would allow for earlier exclusion of DVTs, and therefore reduce the need and cost for prescription anti-coagulants</li> </ul>
Echocardiography	Extended hours full service	-	-	7 day limited service	7 day limited service	7 day limited service	<ul style="list-style-type: none"> <li>“Pathology, physiology and especially cardiac physiology and medical physics... are key priority areas to deliver services seven days a week”<sup>44</sup></li> <li>National recommendations state that all hospitals should have access to out-of-hours endoscopy services<sup>63 45</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>Improved outcomes for patients with an upper GI bleed,<sup>45</sup> massive Haemoptysis and inhalation of foreign bodies</li> <li>Improved patient experience for working age adults<sup>46</sup></li> </ul>
Endoscopy	Extended hours full service	Extended hours limited service/ Extended hours full	-					

<sup>43</sup> NHS England – NHS services seven days a week – Professor Sir Bruce Keogh (Dec 2013)

<sup>44</sup> NHS England – NHS services seven days a week – Professor Sir Bruce Keogh (Dec 2013)

<sup>45</sup> : British Society of Gastroenterology

<sup>46</sup> : Royal Liverpool & Broadgreen University Hospitals NHS Trust - Expanding Endoscopy services seven days a week to meet emergency and non-emergency demand

Service	Hours currently available			Working towards			Supporting evidence	Desired Benefits
	North	Mid	South	BCF Year 1	BCF Year 2	Beyond BCF		
		service						
Bronchoscopy	Extended hours full service	-	-					
Pathology	7 day full service	7 day limited service/ 7 day full service	Extended hours limited service/ 7 day limited service	7 day full service	7 day full service	7 day full service	<ul style="list-style-type: none"> <li>Services should be organised so that clinical staff and diagnostic and support services are readily available on a 7-day basis<sup>47</sup>.</li> <li>In any hospital which sees emergency patients blood must be available from blood bank 24hrs a day, seven days a week<sup>48</sup></li> </ul>	<ul style="list-style-type: none"> <li>Prompt diagnostic results can avoid admission and unnecessary cost to the trust<sup>49</sup></li> <li>Reduced risk of misdiagnosis<sup>49</sup>.</li> </ul>

<sup>47</sup> DoH – 7 Day working, examples of innovation and good practice : Golden Jubilee National Hospital (2011)

<sup>48</sup> DoH- 7 day working, examples of innovation and good practice (2011)

<sup>49</sup> : R. Goudie, M. Goddard -Review of Evidence on What Drives Economies of Scope and Scale in the Provision of NHS Services, Focusing on A&E and Associated Hospital Services (June 2011)

## CONSULTANT WARD ROUNDS

Service	Area	Number of ward rounds on Saturday	Number of ward rounds on Sunday	Number of ward rounds on Bank Holidays	Working towards	Evidence
Consultant ward rounds – acute intake wards	North	2	2	2	Every patient reviewed at least once every 24 hours	<ul style="list-style-type: none"> <li>Patients should receive a quality of care dictated by their health status, not by the working pattern of providers<sup>50 51 52</sup>.</li> <li>Consultants should work in AMU over 2-4 day blocks to allow for continuity of care<sup>53</sup></li> </ul>
	Mid	EAU 3 rounds per day Other wards – 1 per weekend (Sat or Sun)	EAU 3 rounds per day Other wards – 1 per weekend	-		
	South	2 consultants on B3 and D57 between 8am and 12pm for continuous review. 12pm-10pm 1 consultant to review on both wards. Extra 12pm to 4pm consultant cover on known busy Bank Holidays. LJU – cons 8am-8pm continuous review.	2 consultants on B3 and D57 between 8am and 12pm for continuous review. 12pm-10pm 1 consultant to review on both wards. Extra 12pm to 4pm consultant cover on known busy Bank Holidays. LJU – cons 8am-8pm continuous review.	2 consultants on B3 and D57 between 8am and 12pm for continuous review. 12pm-10pm 1 consultant to review on both wards. Extra 12pm to 4pm consultant cover on known busy Bank Holidays. LJU – cons 8am-8pm continuous review.		<p>Benefits to patients and trusts:</p> <ul style="list-style-type: none"> <li>Improved chance of survival (10% higher deaths for emergency admissions at the weekend)<sup>54</sup>.</li> <li>lower 28 day readmission rate.<sup>55</sup></li> <li>prompt diagnosis and timely intervention<sup>56</sup></li> <li>Allows for establishment of ceiling of care and resuscitation status as necessary<sup>56</sup></li> <li>earlier discharges of patients and reduced length of stay<sup>57</sup></li> <li>Senior cover on weekends provides educational opportunities to junior staff members<sup>58 8</sup></li> </ul>

<sup>50</sup> : RCP (2007) The right person in the right setting – first time

<sup>51</sup> : Dr. Foster Hospital guide – Fit for the future? (2012)

<sup>52</sup> NHS England – NHS services seven days a week – Professor Sir Bruce Keogh (Dec 2013)

<sup>53</sup> NHS England – NHS services seven days a week – Professor Sir Bruce Keogh (Dec 2013)

<sup>54</sup> : P Aylin, A Yunus, A Bottle, A Majeed, D Bell (2010) *Weekend mortality for emergency admissions. A large, multicentre study*. BMJ

<sup>55</sup> : The Royal College of Physicians. (2012) An evaluation of consultant input into acute medical admissions management in England.

Available at: <http://www.rcplondon.ac.uk/sites/default/files/an-evaluation-of-consultant-input-into-acute-medical-admissions-management-in-england-2012.pdf>

<sup>56</sup> : Royal College of Physicians – Delivering a 12 hour, 7 day consultant presence on the acute medical unit (Oct 2012)

<sup>57</sup> : McNeill G, Brahmbhatt D, Prevost A, Trepte N. What is the effect of a consultant presence in an acute medical unit? *Clinical Medicine* 2009;3:214-8.

<sup>58</sup> : Northumbria Healthcare NHS Foundation Trust – Implementing seven day services across a large geographically challenged trust

Service	Area	Number of ward rounds on Saturday	Number of ward rounds on Sunday	Number of ward rounds on Bank Holidays	Working towards	Evidence
Consultant ward rounds – Geriatric medicine	North	-	-	-	Every patient reviewed at least once every 24 hours	<ul style="list-style-type: none"> <li>Hospital inpatients should be reviewed by an on-site consultant at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patient's care pathway<sup>59 60</sup></li> </ul> <p>Benefits to patients and trusts:</p> <ul style="list-style-type: none"> <li>improves clinical effectiveness and general hospital performance<sup>61 62</sup></li> <li>Allows greater possibility of weekend discharge, decreasing inpatient length of stay<sup>62</sup></li> <li>reduce errors and the cost of litigation to the trust<sup>62</sup></li> <li>Improved chance of survival<sup>63 64</sup>.</li> </ul>
	Mid	1 per weekend	1 per weekend	-		
	South	1 per ward (for new and sick patients and weekend discharges)	1 per ward (for new and sick patients and weekend discharges)	1 per ward (for new and sick patients and weekend discharges)		

<sup>59</sup> : Academy of Medical Royal Colleges- Seven day consultant present care (Dec 2012).

<sup>60</sup> : Future Hospital – Caring for medical patients (sept 2013)

<sup>61</sup> : Harari, D., Martin, F. C., Buttery, A., O'Neill, S. & Hopper, A. (2007). The older person' assessment and liaison team "OPAL": evaluation of comprehensive geriatric assessment in acute medical inpatients. Age and Ageing, 36: 670-675

<sup>62</sup> : Academy of Medical Royal Colleges – The benefits of consultant delivered care (Jan 2012)

<sup>63</sup> : London Health Programmes – Adult emergency services: Acute medicine and emergency general surgery (A case for change) Sept 2011

<sup>64</sup> : Fremantle et al - Is weekend hospitalisation associated with an additional risk of death? A prognostic model derived from over 14 million hospitalisations in the National Health Service in England in 2009/10. (2010)

## COMMUNITY BASED SERVICES

Older people often have complex health care needs which require a range of health and social care interventions, including hospital admissions when necessary.<sup>65</sup> Keogh<sup>66</sup> points out that seven day services are:

*“not just about hospitals; it is about the whole system. One part cannot function efficiently at the weekend if other parts don’t. Progress will be contingent on improving primary and social care services at weekends if we are not to dilute the efficiencies of the standard working week in secondary care.”*

Key standards for community services include<sup>67</sup>:

- Multi-Disciplinary Team review (3):
  - Informed by existing primary and community care records
  - Appropriate staff must be available for the treatment / management plan to be carried out
- Mental health (7):
  - Effective links between liaison team and out of hours services where liaison teams do not provide 24 hour cover
- Transfer to community, primary and social care (9):
  - Support services in the hospital and in primary, community and mental health settings must be available seven days a week
  - Transport services must be available to transfer, seven days a week.

The evidence for which community services have a successful impact is sparser than for hospital services and much of the evidence presented below does not specifically relate to seven day services.

The Kings Fund (2014)<sup>68</sup> has identified the main steps as:

- reduce complexity of services
- wrap services around primary care
- build multidisciplinary teams for people with complex needs, including social care, mental health and other services
- support these teams with specialist medical input and redesigned approaches to consultant services – particularly for older people and those with chronic conditions
- create services that offer an alternative to hospital stay
- build an infrastructure to support the model based on these components including much better ways to measure and pay for services
- develop the capability to harness the power of the wider community.

This approach requires locality-based teams that are grouped around primary care and natural geographies, offering 24/7 services as standard, and complemented by highly flexible and responsive community and social care services.

### Prevention / Step-up

Better management, including self-management of long term conditions, a swift response to acute illness, and improved community health provision to care home residents may help reduce the numbers of hospital admissions.<sup>69</sup>

<sup>65</sup> SCIE. SOCIAL CARE TV: AVOIDING UNNECESSARY HOSPITAL ADMISSIONS: THE HEADLINES

<sup>66</sup> NHS Services, Seven Days a Week: Clinical Standards

<sup>67</sup> NHS Services, Seven Days a Week: Clinical Standards

<sup>68</sup> Kings Fund (February 2014) - Community services How they can transform care

Factors influencing length of stay include:

- Sufficient capacity and seven day availability of community-based resources such as primary care and social care<sup>70 71</sup>,
- lack of senior clinical review and timely access to therapies.<sup>72</sup>
- reduced co-ordination between services.<sup>73</sup>
- Hospital staff culture<sup>74</sup>
- No delays to assessment or funding<sup>75</sup>

The Academy of Medical Royal Colleges (2013)<sup>76</sup> conducted a survey of their members in relation to the non-hospital based services that are regularly required at weekends to facilitate discharge. Key themes included the importance of access to community beds, step-down facilities and home care services in order to facilitate the transfer of care of the patient from the hospital to the community. Facilities for early outpatient review or ward assessment for patients discharged at weekends may also help support safe discharge.

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<sup>69</sup> SCIE. SOCIAL CARE TV: AVOIDING UNNECESSARY HOSPITAL ADMISSIONS: THE HEADLINES

<sup>70</sup> NHS Services, Seven Days a Week Forum Summary of Initial Findings (December 2013)

<sup>71</sup> Kings Fund (February 2014) - Community services How they can transform care

<sup>72</sup> NHS Services, Seven Days a Week Forum Summary of Initial Findings (December 2013)

<sup>73</sup> NHS Services, Seven Days a Week Forum Summary of Initial Findings (December 2013)

<sup>74</sup> Kings Fund (February 2014) - Community services How they can transform care

<sup>75</sup> Kings Fund (February 2014) - Community services How they can transform care

<sup>76</sup> Academy of Medical Royal Colleges (2013) Seven Day Consultant Present Care Implementation Considerations

Service	Hours available to new referrals			Recommended level of cover			Desired Benefits
	North	Mid	South	BCF year 1	BCF year 2	Beyond BCF	
Intermediate care – bed based	Extended hours limited service	Extended hours limited service	Extended hours limited service/7 day full service	7 day limited service	7 day limited service	7 day limited service	<ul style="list-style-type: none"> <li>Improved opportunity for patients to decide on their future before being admitted to long-term care, and also to improve value for money<sup>77</sup></li> <li>Improved outcomes and functional improvements for patients than in a general hospital.<sup>78</sup> Outcomes for hip fracture patients did not differ between patients admitted to a rehabilitation hospital or a nursing home in terms of the number returning home and functional ability.<sup>79</sup></li> </ul> (See also assessment beds)
Intermediate care – home based	7 day limited service	7 day limited service	7 day limited service	7 day limited service	7 day limited service	7 day limited service	<ul style="list-style-type: none"> <li>Improved outcomes for service users with majority remaining at home, which is consistent with both the South Nottinghamshire services.<sup>80</sup></li> </ul>
Assessment beds	No extended service	No extended service	No extended service	7 day limited service	7 day limited service	7 day limited service	<ul style="list-style-type: none"> <li>significantly reduces acute bed use.<sup>81</sup></li> <li>increased independence and has similar cost-effectiveness compared to post-acute care in general hospitals<sup>82</sup></li> <li>fewer days in hospital over 3 and 12 months but no more/less likely to be institutionalised<sup>83</sup></li> <li>no adverse effects for service users (death and hospital readmission)<sup>84</sup>, <sup>85</sup></li> <li>less likely to be institutionalised (acute setting)<sup>86</sup></li> </ul>

<sup>77</sup> Audit Commission (2011). Joining Up Health and Social care; Improving value for money across the interface.

<sup>78</sup> Young J, Green J, Forster A., Small, N., Lowson, K., Bogle, S., George, J., Heseltine, D., Jayasuriya, T., and Rowe, J (2007). Postacute care for older people in community hospitals: a multicenter randomized, controlled trial. *Journal of the American Geriatrics Society*, 55:1532-5415

<sup>79</sup> Kramer AM, Steiner JF, Schlenker RE, Eilertsen TB, Hrinkevich CA, Tropea DA, Ahmad LA, Eckhoff DG. (1997). Outcomes and costs after hip fracture and stroke. A comparison of rehabilitation settings. *JAMA*. 1997 Feb 5;277(5):396-404. Abstract – accessed online 16<sup>th</sup> July 2013 at <http://www.ncbi.nlm.nih.gov/pubmed/9010172>

<sup>80</sup> National Audit of Intermediate Care 2013 – Local Data for Mid and South Nottinghamshire

<sup>81</sup> Kings Fund (February 2014) - Community services How they can transform care

<sup>82</sup> Young J, Green J, Forster A, Small N, Lowson K, Bogle S, George J, Heseltine D, Jayasuriya T, Rowe J. (2007) Postacute care for older people in community hospitals: a multicenter randomized, controlled trial. *J American Geriatr Assoc.*; 55: 1995-2002.

<sup>83</sup> Fleming, S.A., Blake, H., Gladman, J.R.F., Hart, E., Lymbery, M., Dewery, M.E., McCloughy, H., Walker, M., Miller, P. (2004). A randomised controlled trial of a care home rehabilitation service to reduce long-term institutionalisation for elderly people. *Age and Ageing* 2004; 33: 384–390

<sup>84</sup> Crotty, M., Whitehead, C.H., Wundke, R., Giles, L.C., Ben-Tovim, D., Phillips, P.A. (2005). Transitional care facility for elderly people in hospital awaiting a long term care bed: randomised controlled trial. *BMJ*, doi:10.1136/bmj.38638.441933.63

<sup>85</sup> Fleming, S.A., Blake, H., Gladman, J.R.F., Hart, E., Lymbery, M., Dewery, M.E., McCloughy, H., Walker, M., Miller, P. (2004). A randomised controlled trial of a care home rehabilitation service to reduce long-term institutionalisation for elderly people. *Age and Ageing* 2004; 33: 384–390

Service	Hours available to new referrals			Recommended level of cover			Desired Benefits
	North	Mid	South	BCF year 1	BCF year 2	Beyond BCF	
							<ul style="list-style-type: none"> <li>• similar physical outcomes to normal care but increased satisfaction and short-term gains in mental functioning.<sup>87</sup></li> <li>• The majority of service users discharged home (30%<sup>88</sup> to 60%<sup>89</sup>), 16% hospital and 15% admitted to residential care.<sup>90</sup></li> <li>• After 30 days, the majority of patients discharged home remained at home (89%)<sup>91</sup>:</li> <li>• At 90 days, 53% of service users discharged home had maintained the dependency of their setting and 21% had increased the dependency of their setting<sup>92</sup></li> <li>• Data on functional ability (Bartel Index) shows that there were improvements in patient functional ability.<sup>93</sup></li> </ul>
Crisis response service / home from hospital	7 day full service	7 day full service/7 day limited service	7 day full service	7 day full service	7 day full service	7 day full service	<ul style="list-style-type: none"> <li>• Reduced hospital admissions<sup>94</sup>, bed days<sup>95</sup>,<sup>96</sup>, and social care spend<sup>97</sup>. Models such as this, and the use of the 'discharge to assess' approach, can also reduce the need for nursing home and residential care.<sup>98</sup></li> <li>• An Audit Commission recommended service for improving value for money<sup>99</sup></li> <li>• Positive user and carer feedback<sup>100</sup></li> </ul>

<sup>86</sup> Hutchinson, S.G., Tarrant, J., Severs, M.R. (1998). INNOVATIONS IN CLINICAL PRACTICE: An inpatient bed for acute nursing home admissions. *Age and Ageing* 1998; 27: 95-98

<sup>87</sup> Boston, N.K., Boynton, P.M., and Hood S. (2001). An inner city GP unit versus conventional care for elderly patients: prospective comparison of health functioning, use of services and patient satisfaction. *Family Practice*, 18, 141-148

<sup>88</sup> South of County Assessment Beds Evaluation 2012-2013

<sup>89</sup> Residential Intermediate Care Service at Westwood: Assessment Beds. Reablement Programme Evaluation 2012-2013

<sup>90</sup> Residential Intermediate Care Service at Westwood: Assessment Beds. Reablement Programme Evaluation 2012-2013

<sup>91</sup> Residential Intermediate Care Service at Westwood: Assessment Beds. Reablement Programme Evaluation 2012-2013

<sup>92</sup> South of County Assessment Beds Evaluation 2012-2013

<sup>93</sup> Residential Intermediate Care Service at Westwood: Assessment Beds. Reablement Programme Evaluation 2012-2013

<sup>94</sup> Reablement Programme Q4 position 2012-2013: NHS Nottinghamshire County - Crisis support services in the South of the County (UCSS and CICSS)

<sup>95</sup> NHS IQ 2013 A seven day integrated admission avoidance service to improve care for older people (Oxleas Joint Emergency Team (JET)

<sup>96</sup> Reablement Programme Q4 position 2012-2013: NHS Nottinghamshire County - ED Avoidance and Support Service (EDASS)

<sup>97</sup> NHS IQ 2013 A seven day integrated admission avoidance service to improve care for older people (Oxleas Joint Emergency Team (JET)

<sup>98</sup> Kings Fund (February 2014) - Community services How they can transform care

<sup>99</sup> Audit Commission (2011). *Joining Up Health and Social care; Improving value for money across the interface.*

<sup>100</sup> NHS IQ 2013 Providing care closer to home for frail and older people (Pan Gwent Frailty Service)

Service	Hours available to new referrals			Recommended level of cover			Desired Benefits
	North	Mid	South	BCF year 1	BCF year 2	Beyond BCF	
service							<ul style="list-style-type: none"> <li>• More weekend discharges and reduced length of stay across elderly beds<sup>101</sup></li> <li>• Earlier diagnosis and timely interventions when they are needed<sup>102</sup></li> <li>• Rapid access to health and social care support, enabling people to remain at home and avoid admission to hospital when this is not necessary. 2771 admissions have been avoided since April 2011<sup>103</sup></li> <li>• Activity from 2012/13 shows that the majority of patients remained at home (50%) on discharge and at 90 days<sup>104</sup>, <sup>105</sup>. Between 27-38% remained at home without a care package, whilst 35-65% where in receipt of a care package<sup>106</sup></li> </ul>
Community ward	-	7 day limited service	Extended hours limited service	7 day full service	7 day full service	7 day full service	<ul style="list-style-type: none"> <li>• An Audit Commission recommended service for improving value for money<sup>107</sup></li> <li>• Identifies people at high predicted risk of unplanned hospital admission living in the local population and proactively manages them to avoid unplanned admissions.<sup>108</sup></li> <li>• Reduction in the number of delays experienced in receiving care.<sup>109</sup></li> <li>• Increase in the number of people receiving urgent care in a familiar primary care setting.<sup>110</sup></li> <li>• Reduction in number of referrals between different points within the urgent care system.<sup>111</sup></li> <li>• Increase in ability to design services around person's need.<sup>112</sup></li> <li>• Reduction in unnecessary ambulance journeys.<sup>113</sup></li> </ul>

<sup>101</sup> NHS IQ 2013 Providing care closer to home for frail and older people (Pan Gwent Frailty Service)

<sup>102</sup> NHS IQ 2013 Providing care closer to home for frail and older people (Pan Gwent Frailty Service)

<sup>103</sup> NHS IQ 2013 A seven day integrated admission avoidance service to improve care for older people (Oxleas Joint Emergency Team (JET))

<sup>104</sup> Reablement Programme Q4 position 2012-2013 NHS Bassetlaw - Rapid Response Therapy Team

<sup>105</sup> Reablement Programme Q4 position 2012-2013: NHS Nottinghamshire County - Lings Bar Hospital Enhanced Community Support Service

<sup>106</sup> Reablement Programme Q4 position 2012-2013: NHS Nottinghamshire County - Crisis support services in the South of the County (UCSS and CICSS)

<sup>107</sup> Audit Commission (2011). Joining Up Health and Social care; Improving value for money across the interface.

<sup>108</sup> Interview with Dr. Geraint Lewis. January 2011.- IPC (2013) Research for Preventative Approaches to Reducing Older People's Need for Care (Nottinghamshire County Council)

<sup>109</sup> Interview with Dr. Geraint Lewis. January 2011.- IPC (2013) Research for Preventative Approaches to Reducing Older People's Need for Care (Nottinghamshire County Council)

<sup>110</sup> Interview with Dr. Geraint Lewis. January 2011.- IPC (2013) Research for Preventative Approaches to Reducing Older People's Need for Care (Nottinghamshire County Council)

<sup>111</sup> Interview with Dr. Geraint Lewis. January 2011.- IPC (2013) Research for Preventative Approaches to Reducing Older People's Need for Care (Nottinghamshire County Council)

<sup>112</sup> Interview with Dr. Geraint Lewis. January 2011.- IPC (2013) Research for Preventative Approaches to Reducing Older People's Need for Care (Nottinghamshire County Council)

<sup>113</sup> Interview with Dr. Geraint Lewis. January 2011.- IPC (2013) Research for Preventative Approaches to Reducing Older People's Need for Care (Nottinghamshire County Council)

Service	Hours available to new referrals			Recommended level of cover			Desired Benefits
	North	Mid	South	BCF year 1	BCF year 2	Beyond BCF	
							<ul style="list-style-type: none"> <li>Reduction in A&amp;E workloads and staff costs.<sup>114</sup></li> <li>Reduction in duplication of work by people being passed to other organisations.<sup>115</sup></li> <li>Reduction in the time people spend unnecessarily in a hospital bed.<sup>116</sup></li> </ul>
Intensive Recovery Intervention Service (IRIS)	Extended hours limited service	Extended hours limited service	Extended hours limited service	Extended hours limited service	7 day full service	7 day full service	<ul style="list-style-type: none"> <li>Facilitates discharge<sup>117, 118</sup></li> <li>Prevents admissions to hospital and residential and nursing care<sup>119, 120, 121</sup></li> <li>Prevents increases in the intensity of care packages<sup>122</sup></li> <li>Enables ward closures<sup>123</sup></li> <li>Increases probability of remaining at home<sup>124</sup></li> <li>Positive feedback from service users and stakeholders</li> </ul>
Mental health crisis response service	Extended hours full service	7 day limited service	7 day full service	7 day full service	7 day full service	7 day full service	<ul style="list-style-type: none"> <li>local mental health services need to be available 24 hours a day, 7 days a week for urgent and emergency access<sup>125</sup></li> <li>Reduced consumption of health and social care resources<sup>126, 127</sup></li> <li>Improved economic and social outcomes for older people<sup>128</sup></li> </ul>
Falls teams	No	No	No	7 day	7 day	7 day	<ul style="list-style-type: none"> <li>Improved patient outcomes and reduced risk of falls<sup>129, 130, 131</sup></li> </ul>

<sup>114</sup> Interview with Dr. Geraint Lewis. January 2011.- IPC (2013) Research for Preventative Approaches to Reducing Older People's Need for Care (Nottinghamshire County Council)

<sup>115</sup> Interview with Dr. Geraint Lewis. January 2011.- IPC (2013) Research for Preventative Approaches to Reducing Older People's Need for Care (Nottinghamshire County Council)

<sup>116</sup> Interview with Dr. Geraint Lewis. January 2011.- IPC (2013) Research for Preventative Approaches to Reducing Older People's Need for Care (Nottinghamshire County Council)

<sup>117</sup> NHS IQ 2013 Spreading an older people mental health intermediate support model across Lancashire

<sup>118</sup> Reablement Programme Q4 position 2012-2013: NHS Nottinghamshire County

<sup>119</sup> NHS IQ 2013 Spreading an older people mental health intermediate support model across Lancashire

<sup>120</sup> Local evaluation (Nottinghamshire)

<sup>121</sup> Reablement Programme Q4 position 2012-2013: NHS Nottinghamshire County

<sup>122</sup> NHS IQ 2013 Spreading an older people mental health intermediate support model across Lancashire

<sup>123</sup> Local evaluation (Nottinghamshire)

<sup>124</sup> Local evaluation (Nottinghamshire)

<sup>125</sup> Department of Health (2014) Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis (supported in the NHS Mandate 2014-15)

<sup>126</sup> Age UK (2011). Effectiveness of day services *Summary of research evidence*

<sup>127</sup> JOINT STRATEGIC NEEDS ASSESSMENT FOR NOTTINGHAMSHIRE 2012 Adults and Vulnerable Adults 2. Vulnerable and Seldom Heard Groups

<sup>128</sup> Marmot et al. 2003 cited in NICE public health guidance 16 (2008) Mental wellbeing and older people

<sup>129</sup> Beswick, A.D., Rees, K., Dieppe, P., Avis, S., Gooberman-Hill, R., Horwood, J., Ebrahim, S. (2008). Complex interventions to improve physical function and maintain independent living in elderly people: a systematic review and meta-analysis. *Lancet* 371: 725–35

Service	Hours available to new referrals			Recommended level of cover			Desired Benefits
	North	Mid	South	BCF year 1	BCF year 2	Beyond BCF	
	extended service	extended service	extended service	limited service	limited service	limited service	<ul style="list-style-type: none"> <li>Reduced the risk of hospital admission<sup>132</sup></li> <li>Falls prevention is cost effective. The economic evidence for vitamin D and calcium supplements is contradictory and there is no evidence for osteoporosis and vision screening<sup>133, 134</sup></li> <li>Supports elderly people to live safely and independently, and could be tailored to meet individuals' needs and preferences.<sup>135</sup></li> <li>Reduced nursing-home admissions - in populations with increased death rates, interventions were associated with reduced nursing-home admission.<sup>136</sup></li> <li>Housing adaptations reduce the costs of homecare (saving £1,200 to £29,000 a year)<sup>137</sup></li> </ul>
District nursing	Extended hours limited service	Extended hours limited service	Extended hours limited service	Extended hours limited service	7 day limited service	7 day limited service	<ul style="list-style-type: none"> <li>Commissioners should ensure that there are strong links between urgent care and other health and social care services, including community nursing and integrated health and social care<sup>138</sup></li> </ul>
Outpatient	N/A	Extended	Extended	7 day	7 day	7 day	<ul style="list-style-type: none"> <li>Improved patient choice and satisfaction<sup>139, 140, 141</sup></li> </ul>

<sup>130</sup> Cameron ID, Handoll HHG, Finnegan TP et al. Co-ordinated multidisciplinary approaches for inpatient rehabilitation of older patients with proximal femoral fractures (Cochrane review) In: The Cochrane Library, Issue 3, 2003.

<sup>131</sup> Beswick, A.D., Rees, K., Dieppe, P., Avis, S., Gooberman-Hill, R., Horwood, J., Ebrahim, S. (2008). Complex interventions to improve physical function and maintain independent living in elderly people: a systematic review and meta-analysis. *Lancet* 371: 725–35

<sup>132</sup> Beswick, A.D., Rees, K., Dieppe, P., Avis, S., Gooberman-Hill, R., Horwood, J., Ebrahim, S. (2008). Complex interventions to improve physical function and maintain independent living in elderly people: a systematic review and meta-analysis. *Lancet* 371: 725–35

<sup>133</sup> Health England Report No. 2 (2009). Prevention and Preventative Spending

<sup>134</sup> *Falls and fractures: effective interventions in health and social care* Department of Health (2009)

<sup>135</sup> Beswick, A.D., Rees, K., Dieppe, P., Avis, S., Gooberman-Hill, R., Horwood, J., Ebrahim, S. (2008). Complex interventions to improve physical function and maintain independent living in elderly people: a systematic review and meta-analysis. *Lancet* 371: 725–35

<sup>136</sup> Beswick, A.D., Rees, K., Dieppe, P., Avis, S., Gooberman-Hill, R., Horwood, J., Ebrahim, S. (2008). Complex interventions to improve physical function and maintain independent living in elderly people: a systematic review and meta-analysis. *Lancet* 371: 725–35

<sup>137</sup> Lang and Buisson (2008) Annual Cost of Care Home Report.

<sup>138</sup> NHS Commissioning Support for London (2010) A service delivery model for urgent care centres: Commissioning advice for PCTs

<sup>139</sup> Kayley, J. (2008) Effective practice in community IV therapy. *British Journal of Community Nursing*. 13; 7: 323-4, 326-8

<sup>140</sup> O'Hanlon S et al (2008) Delivering intravenous therapy in the community setting, *Nursing Standard* 22; 31: 44-48

<sup>141</sup> Local evaluation – Sherwood Forest Hospitals

Service	Hours available to new referrals			Recommended level of cover			Desired Benefits
	North	Mid	South	BCF year 1	BCF year 2	Beyond BCF	
Parenteral Antibiotic Therapy		hours limited service	hours limited service	limited service	limited service	limited service	<ul style="list-style-type: none"> <li>Reduced risk of hospital acquired infection<sup>142</sup></li> <li>Improved antimicrobial stewardship<sup>143</sup></li> <li>QIPP efficiency gains from early discharge or avoided hospital admissions. OPAT episodes of care are estimated to cost around 50% of equivalent inpatient costs.<sup>144</sup></li> <li>Avoided hospital admissions<sup>145</sup></li> <li>Reduced length of stay<sup>146, 147</sup></li> </ul>
Tissue viability	No extended service	No extended service	No extended service	Extended hours limited service	7 day limited service	7 day limited service	<ul style="list-style-type: none"> <li>NHS Outcomes Framework 2014/15 – indicator 5.3, Proportion of patients with category 2, 3 and 4 pressure ulcers</li> <li>Cost effective<sup>148</sup></li> <li>Reduced risk of pressure ulcer damage and more appropriate management in care homes<sup>149</sup></li> </ul>
Continence promotion		No extended service	No extended service	Extended hours limited service	7 day limited service	7 day limited service	<ul style="list-style-type: none"> <li>Less than half of adults with moderate or severe urinary incontinence seek help.<sup>150</sup> SIGN recommendations include: <ul style="list-style-type: none"> <li>Offered information and advice on treatment in primary and secondary care</li> <li>Access to trained health professionals</li> </ul> </li> <li>Reduced hospital admissions and length of stay<sup>151</sup></li> <li>Reduced care home admission<sup>152</sup></li> </ul>
Specialist services that	The following services are expected to support care homes:			7 day full service	7 day full service	7 day full service	<ul style="list-style-type: none"> <li>Issues within care homes include:</li> </ul>

<sup>142</sup> O'Hanlon S et al (2008) Delivering intravenous therapy in the community setting, Nursing Standard 22; 31: 44-48

<sup>143</sup> Department of Health. Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) (2011) Antimicrobial stewardship: Start smart - then focus.

<sup>144</sup> Chapman ALN et al (2009) Clinical efficacy and cost effectiveness of outpatient parenteral antibiotic therapy (OPAT): a UK perspective. J Antimicrob Chemother 64:1316.

<sup>145</sup> Local evaluation – Sherwood Forest Hospitals

<sup>146</sup> Local evaluation – Sherwood Forest Hospitals

<sup>147</sup> Local evaluation – Nottingham University Hospitals

<sup>148</sup> Local evaluation (Bassetlaw) Tissue Viability Service

<sup>149</sup> Local evaluation (Bassetlaw): Tissue Viability Service

<sup>150</sup> SIGN (2004). Management of urinary incontinence in primary care: A national clinical guideline (79)

<sup>151</sup> Hospital Episode Statistics (HES) (2009/2010)

<sup>152</sup> Thom et al (1997) Medically recognized urinary incontinence and risks of hospitalization, nursing home admission and mortality Age and Ageing 26:367-374

Service	Hours available to new referrals			Recommended level of cover			Desired Benefits
	North	Mid	South	BCF year 1	BCF year 2	Beyond BCF	
support care homes	<ul style="list-style-type: none"> <li>District nursing</li> <li>Community ward</li> <li>Falls teams</li> <li>Specialist nurses</li> <li>Physiotherapy / occupational therapy / pharmacy / podiatry / SALT</li> </ul>						<ul style="list-style-type: none"> <li>Infection control and cleanliness</li> <li>Medication management</li> <li>Staffing and leadership</li> <li>Tissue viability</li> <li>Falls</li> <li>End of life care</li> <li>Plausible that they are cost effective, and improve health outcomes.<sup>153, 154, 155</sup></li> <li>Reduction in hospital admissions<sup>156</sup></li> </ul>
Specialist Nurse Services (COPD, Heart Failure, respiratory, and dementia outreach)	No extended service	No extended service	No extended service	No extended service	No extended service	No extended service	<ul style="list-style-type: none"> <li>There should be primary care-led management of long term conditions which may reduce the number of unscheduled care episodes<sup>157</sup></li> </ul>
Equipment - ICES	7 day limited service	7 day limited service	7 day limited service	7 day limited service	7 day limited service	7 day limited service	<ul style="list-style-type: none"> <li>DOH recommended intervention<sup>158</sup></li> <li>Support people to live independently for longer<sup>159, 160</sup></li> <li>To prevent accidents in the home, local authorities can<sup>161</sup>: <ul style="list-style-type: none"> <li>implement guidance from the NICE (2010)<sup>162</sup> and the Safe At Home programme,<sup>163</sup> which includes:</li> </ul> </li> </ul>

<sup>153</sup> University of Nottingham – Medical Crisis in Older People (MCOP) (2011). Discussion paper series: Nurse Practitioners in UK care homes

<sup>154</sup> Local evaluation – Care Homes pharmacist (Nottingham West)

<sup>155</sup> Local evaluation – Care Homes pharmacist (Nottingham West)

<sup>156</sup> Reablement Programme Q4 position 2012-2013: NHS Nottinghamshire County - Care Home crisis services (CHUCS and M&A Care Home bid)

<sup>157</sup> Quality of Care for Older People with Urgent and Emergency Care needs “Silver Book”

<sup>158</sup> Department of Health (2004). Avoiding and diverting admissions to hospital - a good practice guide

<sup>159</sup> Kings Fund (2013) Improving the public’s health: A resource for local authorities

<sup>160</sup> National Housing Federation (2013). *Providing an Alternative Pathway: The value of integrating housing, care and support*. London: National Housing Federation. Available at: [www.housing.org.uk/publications/browse/providing-an-alternative-pathway](http://www.housing.org.uk/publications/browse/providing-an-alternative-pathway)

<sup>161</sup> Kings Fund (2013) Improving the public’s health: A resource for local authorities

Service	Hours available to new referrals			Recommended level of cover			Desired Benefits
	North	Mid	South	BCF year 1	BCF year 2	Beyond BCF	
							<ul style="list-style-type: none"> <li>▪ installing safety gates for stairs and doorways, window restrictors, and cupboard locks</li> <li>▪ providing non-slip bath/shower mats, corner cushions, and fireguards</li> <li>▪ training relevant staff (including health visitors and family support workers) and community members to run their own schemes</li> <li>○ prioritise high-risk groups, targeting interventions at: <ul style="list-style-type: none"> <li>▪ those with children under five</li> <li>▪ those living in rented or overcrowded conditions</li> <li>○ those on low incomes.</li> </ul> </li> </ul>
Transport	7 day full service	7 day full service	7 day full service	7 day full service	7 day full service	7 day full service	<ul style="list-style-type: none"> <li>• Transfer to community, primary and social care (9):<sup>164</sup> <ul style="list-style-type: none"> <li>○ Transport services must be available to transfer, seven days a week.</li> </ul> </li> <li>• Timely transport home / to appointment</li> <li>• Appropriate use of resources .<sup>165</sup></li> <li>• Reduced hospital length of stay.<sup>166</sup></li> <li>• Reduced reliance on unplanned travel options.<sup>167</sup></li> </ul>
Access to ASCH&PP services -	No extended service	No extended service	No extended service	7 day limited service <sup>168</sup>	7 day limited service	7 day limited service	<ul style="list-style-type: none"> <li>• Improved function and reduced need for home and community care services<sup>169</sup>, <sup>170 171 172 173 174 175</sup></li> </ul>

<sup>162</sup> National Institute for Health and Clinical Excellence (NICE) (2010). *Preventing Unintentional Injuries among under-15s in the Home: Costing report*. NICE public health guidance 30. London: NICE. Available at: <http://guidance.nice.org.uk/PH30/CostingReport/pdf/English>

<sup>163</sup> Errington G, Watson M, Hamilton T, Mulvaney C, Smith S, Binley S, Coupland C, Kendrick D, Walsh P (2011). *Evaluation of the National Safe At Home Scheme – Final Report for the Royal Society for the Prevention of Accidents*. Nottingham: University of Nottingham. Available at: [www.rospace.com/homesafety/safeathome/final-evaluationreport.pdf](http://www.rospace.com/homesafety/safeathome/final-evaluationreport.pdf)

<sup>164</sup> NHS Services, Seven Days a Week: Clinical Standards

<sup>165</sup> Audit Scotland (2011) Transport for Health and Social Care

<sup>166</sup> Audit Scotland (2011) Transport for Health and Social Care

<sup>167</sup> Audit Scotland (2011) Transport for Health and Social Care

<sup>168</sup> Developing link with Intermediate Care teams

<sup>169</sup> Ryburn B, Wells Y, Foreman P. Enabling independence: restorative approaches to home care provision for frail older adults. *Health Social Care Commun* 2009; 17: 225–34.

<sup>170</sup> Beswick, A.D., Rees, K., Dieppe, P., Avis, S., Gooberman-Hill, R., Horwood, J., Ebrahim, S. (2008). Complex interventions to improve physical function and maintain independent living in elderly people: a systematic review and meta-analysis. *Lancet* 371: 725–35

<sup>171</sup> Beswick, A.D., Rees, K., Dieppe, P., Avis, S., Gooberman-Hill, R., Horwood, J., Ebrahim, S. (2008). Complex interventions to improve physical function and maintain independent living in elderly people: a systematic review and meta-analysis. *Lancet* 371: 725–35

Service	Hours available to new referrals			Recommended level of cover			Desired Benefits
	North	Mid	South	BCF year 1	BCF year 2	Beyond BCF	
START							<ul style="list-style-type: none"> <li>Improved safety for older people<sup>176</sup></li> <li>Cost effective<sup>177</sup></li> <li>Reduced falls<sup>178</sup></li> <li>Reduced the risk of hospital admissions<sup>179 180</sup></li> <li>reduced nursing-home admissions - in populations with increased death rates, interventions were associated with reduced nursing-home admission.<sup>181 182 183</sup></li> </ul>
Access to ASCH&PP services - Homecare	No extended service	No extended service	No extended service	7 day limited service	7 day limited service	7 day limited service	
Access to ASCH&PP services - Meals at	No extended service	No extended service	No extended service	No extended service / 7 day	No extended service / 7 day	No extended service / 7 day	

<sup>172</sup> Lewin G et al (2006) *Programs to promote independence at home: How effective are they?* Australia: Silver Chain

<sup>173</sup> Kent el at (2000). External Evaluation of the Home Care Reablement Pilot Project. De Montfort University

<sup>174</sup> Newbronner L, Baxter M, Chamberlain R et al (2007) *Research into the Longer-Term Effects of Reablement Services*. York: Social Policy Research Unit, University of York

<sup>175</sup> Care Services Efficiency Delivery (CSED) Programme (2007) *Homecare Re-ablement Workstream: Discussion Document*

<sup>176</sup> Beswick, A.D., Rees, K., Dieppe, P., Avis, S., Gooberman-Hill, R., Horwood, J., Ebrahim, S. (2008). Complex interventions to improve physical function and maintain independent living in elderly people: a systematic review and meta-analysis. *Lancet* 371: 725–35

<sup>177</sup> Whole Systems Partnership (2011). The reablement agenda: challenges and Opportunities: Brief Overview and Analysis.

<sup>178</sup> Beswick, A.D., Rees, K., Dieppe, P., Avis, S., Gooberman-Hill, R., Horwood, J., Ebrahim, S. (2008). Complex interventions to improve physical function and maintain independent living in elderly people: a systematic review and meta-analysis. *Lancet* 371: 725–35

<sup>179</sup> Beswick, A.D., Rees, K., Dieppe, P., Avis, S., Gooberman-Hill, R., Horwood, J., Ebrahim, S. (2008). Complex interventions to improve physical function and maintain independent living in elderly people: a systematic review and meta-analysis. *Lancet* 371: 725–35

<sup>180</sup> Fleming SA, Blake H, Gladman JR et al. A randomised controlled trial of a care home rehabilitation service to reduce long-term institutionalisation for elderly people. *Age Ageing* 2004; 33(4): 384-90.

<sup>181</sup> Beswick, A.D., Rees, K., Dieppe, P., Avis, S., Gooberman-Hill, R., Horwood, J., Ebrahim, S. (2008). Complex interventions to improve physical function and maintain independent living in elderly people: a systematic review and meta-analysis. *Lancet* 371: 725–35

<sup>182</sup> Elkan, R., Kendrick, D., Dewey, M., Hewitt, M., Robinson, J., Blair, M., Williams, D., Brummell, K. (2001). Effectiveness of home based support for older people: systematic review and meta-analysis. *BMJ* 323:1–9

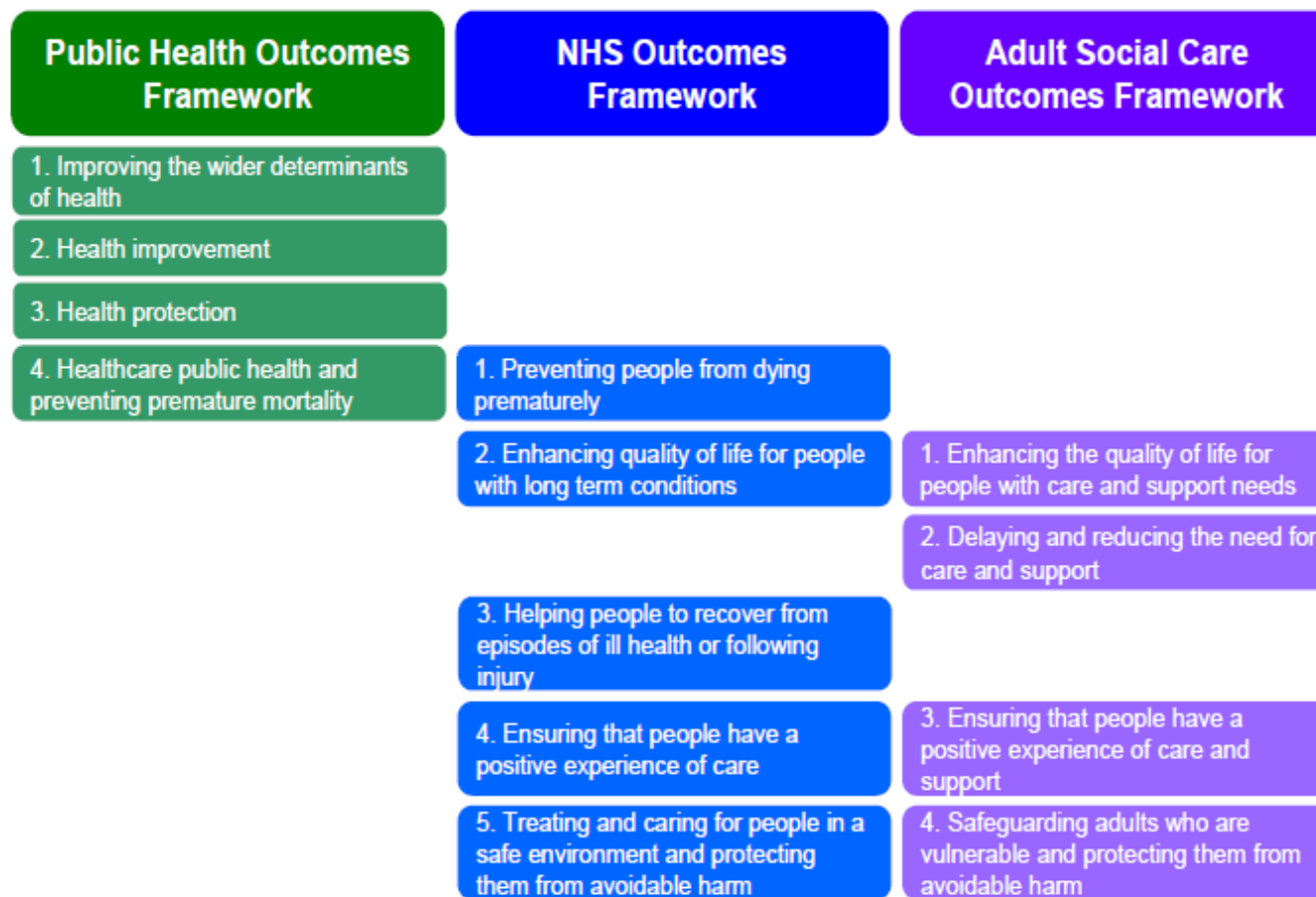
<sup>183</sup> Beswick, A.D., Rees, K., Dieppe, P., Avis, S., Gooberman-Hill, R., Horwood, J., Ebrahim, S. (2008). Complex interventions to improve physical function and maintain independent living in elderly people: a systematic review and meta-analysis. *Lancet* 371: 725–35

Service	Hours available to new referrals			Recommended level of cover			Desired Benefits
	North	Mid	South	BCF year 1	BCF year 2	Beyond BCF	
home				limited service for hospital discharge	limited service for hospital discharge	limited service for hospital discharge	
Physiotherapy				7 day limited service	7 day limited service	7 day limited service	<ul style="list-style-type: none"> <li>Improved functioning and reduced reliance on on-going care packages.<sup>184</sup></li> </ul>
Occupational therapy				7 day limited service	7 day limited service	7 day limited service	<p>NICE Guidance<sup>185</sup></p> <ul style="list-style-type: none"> <li>Offer regular sessions that encourage older people to construct daily routines to help maintain or improve their mental wellbeing. The sessions should also increase their knowledge of a range of issues, from nutrition and how to stay active to personal care.</li> <li>Offer tailored, community-based physical activity programmes. These should include moderate-intensity activities (such as swimming, walking, dancing), strength and resistance training, and toning and stretching exercises.</li> <li>Advise older people and their carers how to exercise safely for 30 minutes a day on 5 or more days a week, using examples of everyday activities such as shopping, housework and gardening. (The 30 minutes can be broken down into 10-minute bursts.)</li> <li>Promote regular participation in local walking schemes as a way of improving mental wellbeing. Help and support older people to participate fully in these schemes, taking into account their health, mobility and personal preferences.</li> <li>Involve occupational therapists in the design of training offered to practitioners.</li> </ul>

<sup>184</sup> Reablement Programme Q4 position 2012-2013: NHS Nottinghamshire County - Integrated Physiotherapy Service

<sup>185</sup> Public health guidance, Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care PH16 - Issued: October 2008

## OUTCOME FRAMEWORKS



*Department of Health (2012) Improving health and care: The role of the outcomes frameworks*

## OUTCOME FRAMEWORKS IN RELATION TO SEVEN DAY SERVICES IMPACT

Public Health Outcomes Framework (2013-16)		NHS Outcomes Framework (2014/14)		Adult Social Care Outcomes Framework (2014/15)	
Domain	Indicator	Domain	Overarching Indicator / Improvement areas	Domain	Overarching Measure / Outcome Measure
1		1		1	1A Social care-related quality of life 1B People manage their own support as much as they wish so that they are in control of what, how and when support is delivered to match their needs
2	2.24 Injuries due to falls in people aged 65 and older	2	2.1 Ensuring people feel supported to manage their condition 2.2 Improving functional ability in people with long-term conditions 2.3 reducing time spent in hospital by people with long-term conditions 2.4 Enhancing quality of life for carers 2.5 enhancing quality of life for people with mental illness 2.6 Enhancing quality of life for people with dementia	2	2A Permanent admissions to residential and nursing care homes 2B proportion of older people who were still at home 91 days after discharge from hospital into residential / reablement services 2C delayed transfers of care from hospital, and those which are attributable to adult social care 2F dementia - a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life
3		3	3.5 Improving recovery from fragility fractures 3.6 Helping older people to recover their independence after illness or injury	3	3A overall satisfaction of people who use services with their care and support 3B overall satisfaction of carers with social services 3E improving people's experience of integrated care
4	4.9 Excess under 75 mortality rate in adults with serious mental illness 4.11 Emergency readmissions within 30 days of discharge from hospital 4.13 Health related quality of life for older people 4.14 Hip fractures in people aged 65 and over	4	4.4 Improving access to primary care services 4.6 Improving the experience of care for people at the end of their lives 4.7 Improving experience of healthcare for people with mental illness 4.9 Improving people's experience of integrated care	4	

Public Health Outcomes Framework (2013-16)		NHS Outcomes Framework (2014/14)		Adult Social Care Outcomes Framework (2014/15)	
Domain	Indicator	Domain	Overarching Indicator / Improvement areas	Domain	Overarching Measure / Outcome Measure
	4.16 Estimated diagnosis rate for people with dementia				
		5	5.2 Incidence of healthcare associated infection 5.3 proportion of patients with category 2,3 and 4 pressure ulcers 5.4 Incidence of medication errors causing serious harm		