

Seven day services

**UNISON guidance
for science,
therapies &
technical
(STAT) reps**

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Introduction

In 2014 the NHS Five Year Forward View aimed to ensure “that hospital patients have access to seven day services where this makes a clinical difference to outcomes”.

Following the 2015 general election, the government pledged that the NHS would provide a seven day service by 2020 covering access to GP services, and the same quality of hospital care at weekends as during the week.

The devolved administrations are not covered by the Five Year Forward View but moves to extend service operating times have also been made in these three countries.

UNISON is clear that any such moves will require additional funding and that seven day services cannot be delivered from existing resources. Whilst UNISON recognises that some savings may be possible – for example through a reduction in the amount spent on locums – this may take time to materialise and will not amount to a full cost recovery.

Crucially, UNISON and the joint trade unions have argued that a significant enabler to ensuring seven day services are delivered is to **protect unsocial hours payments**. The PRB was given a remit by the government to make observations on the barriers that Agenda for Change unsocial hours provisions place on delivering seven day services. Having taken into account the evidence submitted by the trade unions, the PRB concluded in summer 2015 that Agenda for Change unsocial hours payments are fit for purpose and should be maintained. It is clear therefore, that unsocial hours payments are an effective tool to ensuring around the clock service and UNISON will continue to campaign vigorously to ensure that these are protected.

UNISON has also continued to make the point that in any moves to extended working, there is a critical need for staff and trade union involvement at all stages of the process.

Evidence base for seven day services

The Westminster government has made highly selective use of mortality research to back its claims for seven day services, but the hard evidence for it remains dubious and hotly contested.

In September 2016, NHS England published a report on the ‘*Transformation of seven day clinical pharmacy services in acute hospitals*’- www.england.nhs.uk/wp-content/uploads/2016/09/7ds-clinical-pharmacy-acute-hosp.pdf. The report draws on a number of case studies focusing on pharmacy that helpfully back some of UNISON’s views on the case for extending services. This learning can be broadened out for wider application to science, therapies and technical services.

In November 2016, the NHS Confederation weighed in with a report *Commissioning and delivering enhanced seven-day NHS services* www.nhsconfed.org/resources/2016/11/commissioning-and-delivering-enhanced-seven-day-nhs-services. This report highlights the operational, resource and funding implications of delivering a greater proportion of hospital-based services at weekends including a requirement for additional staff. It quotes University of Manchester work that used NICE methodology to assess whether funding to extend services to seven days would be cost-effective and concluded that it would not.

Back in April 2016 the Public Accounts Committee published its report *Managing the supply of NHS clinical staff in England* and criticised the government and the workforce planning system for the fact that: “No coherent attempt has been made to assess the headcount implications of a number of major policy initiatives such as the 7-day NHS.”

Whilst UNISON welcomes measures which will deliver good clinical outcomes for patients, we believe that every service which is extended should be based on a proper assessment of the added value of extending hours. It should not be presumed that seven day working for every service is essential or even desirable.

UNISON guidance

Each local system needs to make its own decisions and have a robust decision-making process for deciding what will work. What makes sense for one area will not do so for another, so UNISON reps should be wary of accepting changes because another employer has implemented them.

This guidance for branches has been put together by UNISON’s science, therapies and technical (STAT) committee to assist STAT reps in dealing with proposals to extend services¹.

KEY PRINCIPLES

1. No change without evidence of a genuine need

Seven day services should only ever be considered where there is a genuine need and the precise hours of extension should be tested incrementally and evaluated thoroughly. For example, some of the seven-day GP services pilots have found very little demand for Sunday appointments but some demand for Saturday

¹ This is the outcome of a motion from the STAT committee to UNISON’s 2016 Health Conference

appointments. Sixteen out of 19 of the first wave of CCG access pilots have not committed to continuing to fund seven-day provision after the pilot phase².

Before extending operating hours, alternative options should be considered that may include looking at ways of reorganising services, for example adjusting how specific areas of a service are delivered. For example, Lancashire Teaching Hospitals NHST decided not to open longer hours to accommodate discharges, but instead to reorganise the existing service to focus on facilitating discharges earlier in the day³.

Furthermore, there should be no rush to seven day services, when five-and-a-half or six days may be more effective. A major acute provider stated that: “*the cost of delivering fully seven-day elective services did not stack up...Risk was not high but cost was.*” So they went for a six-day service with Sunday as a ‘cooling down day’⁴.

However, it is important that specific areas should not be looked at in isolation and without considering the knock-on effects that seven day services in one area may have in others. To function effectively the NHS must continue to operate as an integrated team, so a systematic approach should be taken when identifying areas for extensions.

2. Ensuring an appropriate skill mix

Where they do not exist, skill mix guidelines should be developed and applied at all times when the service operates. Ensuring an appropriate skill mix of generalist and specialist roles may be an effective measure in delivering extended working, however there should not be an automatic move from specialist to generalist roles or a scenario where particular roles are de-skilled or downbanded to ‘meet service needs’. Where there is a move to generic working, parameters should be set to determine how much of a role consists of generic skills and how much specialist skill is required. For example, in pharmacy this might require 80% of the role to be specialist with 20% generalist. Where these measures are introduced, staff should undergo full and robust training and should be offered mentoring in order to help them prepare.

3. Recognising the need to resource safe staffing levels and quality supervision

As well as increasing overall staffing requirements, an extension of a service may require additional senior staff resourcing to ensure that less experienced staff still

² www.nhsconfed.org/resources/2016/11/commissioning-and-delivering-enhanced-seven-day-nhs-services

³ www.england.nhs.uk/wp-content/uploads/2016/09/7ds-clinical-pharmacy-acute-hosp.pdf

⁴ www.nhsconfed.org/resources/2016/11/commissioning-and-delivering-enhanced-seven-day-nhs-services

have access to the same standard of clinical supervision at all times that the service operates. Seven day working will also make it more important to have consultant roles for each of a range of different Allied Health Professional roles. This is vital to ensure that service quality standards are maintained. UNISON is concerned that in the past there have been instances where senior AHP roles have been replaced with staff from other health professions when they have become vacant. At this stage, it would be beneficial to ask whether posts required to maintain quality standards are being pulled from existing resources or other services, and what impact this will have on the wider workforce and on patient safety.

Practitioners should not become overly reliant on electronic systems as a result of extended services, and systems must ensure that there is always capacity to support clinical handover and referrals.

More generally, there is a need to guard against staff working in extended services being spread too thinly; safe staffing levels should be maintained across the healthcare team.

4. Engaging with staff and trade unions

Where an extension of hours is deemed necessary this should be done incrementally and in agreement with staff and their trade unions. New working contracts with amended working hours and shift patterns should not be imposed and should go through proper consultation with the trade unions. A clear assessment as to whether the extension is bringing the desired benefits should be considered at regular stages throughout the process and should take into consideration the views of staff, trade unions and patients.

University Hospitals of North Midlands noted the importance of early staff engagement, and the expertise of the trade unions. Shift patterns featuring seven days in a row had been strongly supported by staff initially, but subsequently proved unsustainable due to fatigue and increased sickness. The local union reps had warned about this from the outset⁵.

5. Considering appropriate shift patterns and design

When considering shift patterns to accommodate an extension, thought should be given to bringing in specialist health and safety expertise to ensure good shift design and effective risk assessments. An overreliance on e-rostering should be avoided as this can cause problems. Shift patterns and rotas should be designed to minimise the risks of fatigue which can increase sickness absence and accidents on wards.

⁵ www.england.nhs.uk/wp-content/uploads/2016/09/7ds-clinical-pharmacy-acute-hosp.pdf

This should be the case even where staff may initially want to work shifts that give them several days off in a row.

6. Ensuring adequate support and technologies are in place

Any moves to mobile working to support the delivery of seven day services which would require a large cultural change should be carefully planned. This should include making sure that adequate support systems are in place, health and safety issues are taken into account and records are easily accessible. Mobile working is largely dependent on having up-to-date and robust technology in place to transform and drive services forward. It should be noted that whilst technology is an enabler to mobile working, this also requires the successful management of people and processes, all of which have resource implications.

7. The need for strong leadership

UNISON believes that in order to facilitate change at this level, there is a clear need for strong leadership. However, extended services can only be effectively achieved when the impact on the workforce is limited and issues such as work life balance for staff are protected. This must include employer policies such as flexible working, and taking into account the implementation of health and wellbeing plans at a local level.

ACTION FOR BRANCHES

UNISON encourages branches to be aware of the seven day services agenda and to get involved in any discussions relating to the possibility of introducing extended services at the earliest possible stage.

- Keep the issue on your partnership/joint consultative agenda for regular updates
- Use the principles set out above to help you formulate your agenda for any specific discussions
- Ask the employer to release reps from affected disciplines to take part in project working groups tasked with assessment of need and options
- Engage with **local commissioning bodies** at the point when they are preparing service specifications and tender documents. Any assumptions that services should be commissioned on a seven-day basis should be questioned and challenged. Branches should seek the rationale behind this, and the need it is seeking to meet.

CHECKLIST OF QUESTIONS TO ASK EMPLOYERS AND COMMISSIONERS

- a) What plans are there for extending services?
- b) Have these plans been subject to full consultation with staff and trade unions? Have patients and the public been involved?
- c) Can the organisation show that their proposed moves to seven day services/extension of services will make a demonstrable difference to clinical outcomes? If not, why are such moves being proposed?
- d) Has the organisation adequately considered other ways of achieving the same desired outcomes that might prove less disruptive for services and the staff delivering them?
- e) Has the organisation considered properly how they will fund any moves to extend services?
- f) What sort of savings do they expect to make in other areas (such as a reduction in temporary staffing) that might help pay for their plans? Are these savings evidence-based and realistic?
- g) Can the organisation guarantee that in any moves to extend services there will not be any plans to deskill or downband existing staff?
- h) What action will be taken to ensure that the right skill mix is retained within the workplace and that vacant positions continue to be filled by staff of commensurate expertise and seniority? Can the employer demonstrate that patient safety remains paramount in all of these considerations?
- i) Has the organisation considered the knock-on impact on other areas a result of extending services in one area of care?
- j) What training is the employer intending to provide for staff who are required to undergo change in the way they perform their role, or to take on new responsibilities?
- k) If there are plans to make changes to shift patterns and rotas, are these plans sufficiently robust and well-tested to ensure risk is minimised and staff protected?
- l) If there are plans for mobile working, do these take into account important issues such as health and safety and is the technology fit for purpose?

CASE STUDIES

These two case studies, provided by members of the national STAT committee, illustrate the need:

- to proceed with caution;
- for all affected staff and their unions to be properly consulted;

- and for ongoing evaluation to ensure cause and effect are properly understood.

1) Hospital pharmacy: seven day services but no extra staff

In response to adverse media coverage over emergency department waiting times, management decided to operate out-of-hours (OOH) pharmacy services on a second site. But management claimed that workload would stay the same but simply be spread over extended hours, so there was no need to recruit additional staff. The second site was ill-equipped to cope and had little experience of providing OOH services. Despite this, the management decided to provide an 'extended hours' full dispensing service seven days a week from this site. Operating hours moved to 9am-9pm with an on-call service between 9pm and 8am. The OOH service on the first site was stood down. Again no additional staffing was put in.

All pharmacists, technicians and support staff up to band 7 were obliged to participate in seven day rosters regardless of role/specialism or family circumstances. Some staff had to travel for over an hour in rush-hour traffic to work the hours of 5pm-9pm at the extended service site. This additional travel time was estimated to be wasting the equivalent of one staff day per week.

There was a high level of staff dissatisfaction with the new arrangements because:

- There was insufficient consultation and negotiation, with scant regard to the impact on work-life balance
- Many staff were threatened with redeployment and/or disciplinary action if they did not comply with the new rosters. Following UNISON representation, many were able to secure exemptions but it was a damaging process
- Many staff sought alternative employment in other trusts or outside the NHS. The vacancies they left have proved hard to fill except through use of agency staff, or by recruiting support staff instead of technical/clinical posts
- Absence rates increased with a marked increase in work-related stress leading to an average of one gap in the OOH roster each day which had to be filled by offering overtime. This meant staff often working 13-hour shifts.
- Base pharmacies had fewer staff available during core hours because existing staff had to be spread more thinly, and staff had to leave at 4pm to travel to the OOH site

Overall the changes have led to increased dispensing times, and a rise in dispensing incidents and near misses.

2) Physio and Occupational Therapy (OT): targeted seven day working – positive signs but effects uncertain

Additional hours of physio and OT cover were added to weekend rosters in order to improve quality of care through more rapid assessments. This was operated on a roster with additional posts created to backfill.

Physio and OT staff were comfortable with the weekend workload but felt that it was more challenging to work effectively and efficiently in a less familiar clinical area, and they identified that they had additional training needs as a result of weekend working. Many were concerned about detrimental effects on Monday-Friday services in terms of staffing levels and continuity of care for patients.

The majority of wider multi-disciplinary team members felt that the new weekend services added value to their clinical area including increasing weekend discharges, but also had worries about the knock-on effects for weekday resources.

Patient data showed a small increase in Saturday and Monday discharges, but a decrease in Sunday discharges. However the data does not yet substantiate any direct causal link with the increased weekend physio and OT availability. A range of complex factors were noted as facilitators of discharge from hospital, many of which are not related to therapy input.

Ongoing service evaluation is required.