Seven Day Services Clinical Standards (and Renal Units)
National Context

• Seven Day Hospital Services (7DS) Programme
• Priority Standards:
  • Standard 2: Time to initial consultant review
  • Standard 5: Access to diagnostics
  • Standard 6: Access to consultant-led interventions
  • Standard 8: Ongoing daily consultant-directed review

Intended to be implemented in “Mar to Jun 2019”
Reporting to NHS-E via “Board Assurance Framework”
Standard 2 – Time to initial consultant review

• All emergency admissions must be seen ……at the latest within 14 hours from the time of admission to hospital.

• By “a doctor who has completed speciality training & has their CCT….,” and is familiar with emergency management in the relevant specialty

• Applies to all emergency admissions.

• Those admitted during the period of consultant presence (normally at least 08:00-20:00) should be ….Assessed by a consultant within 6 hours

• Patients …. [with mortality risk > 10%] …..should be seen by a consultant within one hour

• Patients with a clear diagnosis on a well-defined pathway (eg midwife-led maternity)… may have care delegated in some circumstances…..
Standard 8 – Ongoing daily consultant-led review (slide 1)

- Consultant-led Board round on every acute ward, every day
- Consultant reviews:
  - MUST occur for all “medically active” patients including
    - Those causing nursing concern
    - All on EOLC pathways
    - All new admissions to the ward in last 24 hours
    - All with a same day d/c decision to be made
  - Default position is that outlying patients …. should be seen face to face by a consultant every day
  - 7 days per week unless would not affect pathway of care.
- Delegation is allowed for those “medically optimised” and “fit for D/C”
Standard 8 – Ongoing daily consultant-led review (slide 2)

- “All patients with high dependency needs should be seen….. By a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate).”
  - Clinical judgement should be used…. But as a guide:
  - Patients at ICS level 2 (which includes need for RRT) – see twice daily

- “Optimising effective 7 day reviews”:
  - Referrals should be seen by the specialist within 24 hours
  - For high risk patients (mortality risk > 10%) consultant involvement should be within 1 hour.
Questions

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- Is your renal department:
  - Compliant with standard 2 (14 hour reviews)?
  - Actively planning a reorganisation of care to meet standard 2?
    - By doing evening consultant ward rounds?
    - By doing extended days, or consultant late shifts?
    - Planning consultant reviews in <1 hour for all AKI admissions?
Questions

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• Is your renal department:
  – Compliant with standard 2 (14 hour reviews)?
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    • By doing evening consultant ward rounds?
    • By doing extended days, or consultant late shifts?
    • Planning consultant reviews in <1 hour for all AKI admissions?
• Is your renal department:
  – Compliant with standard 8 (consultant led ongoing care)?
  – Actively planning changes to meet standard 8?
    • Daily consultant board rounds?
    • Daily consultant ward rounds?
    • Twice daily ward rounds for HDU patients including all AKIs?
Any other questions? Issues? Comments?