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Society for Acute Medicine 4 day Weekend Survey

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Introduction

Bank holiday weekends have traditionally resulted in reduced levels of clinical services, both in hospitals and the community. Although most hospitals will provide an acute emergency service, with imaging and laboratory provision to support this, the reductions in elective and ward based medical staff outside the ‘front door’ areas can lead to delays in the provision of appropriate investigation and specialist review. This has a significant impact on patient care, and length of stay. There is evidence to suggest that mortality rates are higher for patients admitted at weekends ¹, and it is likely that this pattern would be mirrored on Bank Holidays where the levels of service are similar. Many acute physicians will be familiar with the challenges brought about by 3 day weekends and the aftermath produced by the ensuing backlog of investigations, which prevents timely discharge.

The Easter weekend is the only regular 4 day Bank Holiday weekend in the English calendar, although Christmas can also produce this in some years. Consecutive 4 day weekends are unusual in England; the last time this occurred was in the Millennium year when an additional day’s holiday was granted after New Year’s day. The extra day’s holiday at New Year has been a regular occurrence in Scotland, which frequently produces consecutive 4 day weekends at this time.

In 2011 the late Easter has resulted in this weekend immediately preceding the May Bank Holiday weekend. In addition, the planned Royal wedding on the 29th April has led the Government to announce the provision of an additional public holiday. This will result in consecutive 4 day weekends, the effect of which will be that, for the 11 day period between 22nd April and 2nd May, there will be only three ‘normal working days’, instead of the usual seven.

A number of acute physicians have expressed concern about the likely impact that this will have on the care of patients admitted as emergencies. In order to determine if hospitals are taking any specific measures to reduce this impact the Society for Acute Medicine (SAM) undertook a survey of its members. This was designed to establish what additional services hospitals were
already planning to undertake, as well as to canvass the views of acute physicians regarding what measures should be in place to minimise the impact of these holidays.

**Method**

A link to a survey on the *Surveymonkey* web-site was circulated to all SAM members on via email requesting that this be completed within 1 week.

The questions are listed in the results section. Drop down menus and free text were used as appropriate for questions which did not request a ‘yes / no’ response. Respondents were able to select more than one option for questions 2 and 3. Individuals were asked to indicate their job title, the type of hospital in which they worked (small or large DGH or teaching hospital), the approximate size of their AMU and their average number of medical admissions in 24 hours. This was designed to ensure that responses were received from a range of hospitals of different sizes.

All responses were anonymous; it was not possible from the data to determine whether more than one response was received from some hospitals.

**Results**

135 responses were received within the requested time period. 67 responses were from consultants and 49 were from registrar grade doctors (SpR or STR). 5 other junior doctors, one manager and 2 other healthcare professionals also responded. 13 respondents did not indicate their job title. Responses were received from SAM members working in a variety different sized hospitals (21% small DGH, 40% large DGH and 39% teaching hospitals). Average number of medical admissions in 24 hours ranged from 15-90 with the number of AMU beds amongst respondents ranging from 12-100.

Responses to individual questions are summarized below.

**Q1:** *Are you aware of any special measures being taken in your hospital to reduce the impact of the 4 day weekends at the end of April?*

<table>
<thead>
<tr>
<th>Response count</th>
<th>135</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>65  (48%)</td>
</tr>
<tr>
<td>No</td>
<td>70  (52%)</td>
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</tbody>
</table>

**Q2:** *If yes – which measures (over and above what would normally be available in your hospital on weekend / bank holiday) are already being planned in your hospital for the holiday weekends of 22-25th April and 29th April-2nd May?*

Responses are summarized in figure 1.
Q3: Which measures do you think should be provided, as a minimum, in your hospital for the holiday periods of 22-25th April and 29th April-2nd May?

Responses are summarized in figure 2

Q4: Has your hospital considered providing a ‘normal weekday service’ for unscheduled and non-elective care on Friday 29th April?

Responses

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>70</td>
</tr>
</tbody>
</table>

Q5: If requested to do so would you be willing to work as normal on Friday 29th April in return for a ‘day in lieu’ at some other time?

Responses

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>107</td>
<td>20</td>
</tr>
</tbody>
</table>

Q6: If not, why would you not be willing to work as normal on 29th April?

Responses

<table>
<thead>
<tr>
<th>Problem</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problems with childcare</td>
<td>4</td>
</tr>
<tr>
<td>Plans to watch / attend wedding</td>
<td>2</td>
</tr>
<tr>
<td>Other plans for holiday weekend</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
</tbody>
</table>

48 free text responses were given in response to the final question: ‘Do you have any other comments or suggestions to reduce the impact of the 4 day weekends on patient care’; some of these are quoted below:

‘Public holidays should all be staffed as normal working days’ (Consultant, large DGH)

‘A 2 day weekend usually leads to significant backlog of patients awaiting investigations. 4 days only compounds the problem. A robust medical staff presence and investigation service which keeps patient flow going would prevent this’ (Consultant, teaching hospital.)

‘The NHS is a 24 hours service and it is ludicrous that provision is so haphazard at holiday times’: (SpR, Teaching hospital)
‘The main pressure is beds and patient flow; we should ensure that access to rehab beds is not slowed up during such 4 day weekends’: (SpR, teaching hospital)

‘This happens every year; hospitals are like the Marie Celeste’ (Consultant, teaching hospital)

‘There is evidence to suggest worse outcomes during NORMAL weekends; these ridiculous shut downs of acute services for 4 days must END’ (Consultant, teaching hospital)

‘Extra support needed from GP out-of-hours (OOH) services – many referrals are from patients unable to access their own GP and the OOH service not knowing the patients background, therefore feel unable to assess and treat appropriately’ (SpR, large DGH)

Discussion

It is clear from the responses to this survey that there is a significant variation in the degree to which different hospitals are preparing for the consecutive Bank Holiday weekends. Less than 50% of respondents were aware of any additional services being provided during this period. Of those the majority reported the addition of medical staff or senior review on the AMU and downstream medical wards. Very few were aware of any additional radiology or other support services being planned for this period. It is likely that some hospitals planning such services had not yet communicated these plans to acute medical staff, but the very low level of positive responses to this remains an area for concern.

Under 40% of the total who responded to the survey indicated that their hospital was planning a ‘normal working day’ on the 29th, although the vast majority of acute physicians appear to be willing to do so. Of those who were not prepared to work on this day, most indicated that they had already made plans for that holiday weekend; very few were planning to watch or attend the wedding procession and a small number indicated that childcare would be the reason for not working that day. However hospitals who are considering asking staff to work normally on that day need to act quickly to inform staff before others start to make plans to spend that day in some other way.

The most popular additional measure suggested by respondents to the survey was the provision of additional radiology and cross-sectional imaging lists. Most hospitals provide 24 hour / 7 day services in these areas for ‘life-or-limb’ saving emergencies; for example emergency CT brain scanning is likely to be available in most centres for suspected stroke or subarachnoid haemorrhage. However, many hospitals do not provide the staffing resources to undertake ‘non-emergency’ in-patient investigation over weekends and bank holidays. There are often circumstances in which a treatment or discharge plan cannot be progressed without imaging which is postponed until the next ‘routine’ list after the holiday. In some cases a patient admitted on Thursday afternoon before the long weekend may have to wait in hospital until the following Tuesday before a diagnostic test can be performed. Furthermore, the backlog of such patients
after the holiday weekend may mean some patients have an even longer hospital stay. This has significant implications for patients and also for Health economics with prolonged and costly hospital stays resulting from inadequate planning. Hospitals need to allocate appropriate resources to enable radiology departments to run an ‘urgent in-patient’ service for ultrasound and cross sectional imaging over the bank holiday weekends. Acute medical teams should assist by providing consultant-led selection of patients for these services; this would ensure that these lists are used for those patients where management or discharge decisions would be significantly altered by the results.

48 respondents provided suggestions or comments regarding how to reduce the impact of the holiday weekends. The vast majority of these comments confirmed that many acute physicians are very concerned about the potential impact of these weekends on patient care. Many of the comments stressed the importance of community teams also providing weekday levels of service during the holiday periods. An inadequate Primary Care service may result in patients self presenting to the local hospital Emergency Department, rather than contacting a general practitioner. Inadequate community-based chronic disease management may lead to inappropriate hospital admission at a time when the hospital service is already being stretched. Patients need to be reminded of the need to stock up on medication prior to the holiday periods and made aware of how to access the local out-of-hours primary care service.

One weakness of this survey is that the anonymous nature of the responses makes it impossible to determine whether more than one response was received from some hospitals. Given that many hospitals have more than one acute medicine consultant as well as one or more SpR it is likely that some duplication occurred. Furthermore the survey only asked respondents to indicate whether they were aware that additional services were in place; it is possible that some hospitals are planning measures which they have not yet communicated to acute medical staff.

However the main aim of this survey was to highlight this issue and to ensure that there is forward planning in relation to these holidays. Hospitals which have not yet considered providing additional services should start planning this as soon as possible. The provision of a ‘normal weekday service’ on the 29th April should be strongly considered by all hospitals in return for a ‘lieu’ day. It would appear from our survey that most staff working at the ‘front door’ would be happy to do this, although this suggestion may meet with more resistance from staff in less acute areas.

**Conclusion**

English hospitals have not had to deal with consecutive 4 day weekends since January 2000. This survey confirms that many acute physicians have significant concerns about the impact that the holidays at the end of April will have on patient care, both on AMUs and general medical wards. It appears that many hospitals have not yet planned any specific measures to limit this impact. We would urge hospitals to put specific measures in place as soon as possible including the
provision of additional inpatient radiology lists. Strong consideration should be given to operating a ‘normal working day’ on the 29th April.
Appendix:

Figure 1: Responses to question 2 - Which measures (over and above what would normally be available in your hospital on weekend / bank holiday) are already being planned in your hospital for the holiday weekends of 22-25th April and 29th April-2nd May?

- Increased consultant presence on AMU: 28
- Additional consultant ward rounds on medical / speciality wards: 35
- Additional junior doctors on medical / speciality wards: 24
- Additional radiology / imaging lists: 7
- Additional DVT imaging lists: 2
- Additional laboratory services: 4
- Additional endoscopy lists: 4
- Increased junior doctor presence on AMU: 19
- Additional laboratory services: 4
- Additional radiology / imaging lists: 7
Figure 2: Responses to question 3 - Which measures do you think should be provided, as a minimum, in your hospital for the holiday periods of 22-25th April and 29th April-2nd May?
References: