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Should the NHS work at weekends as it does in the week?

Some royal colleges recently advised that patients should get the same consultant led care at weekends as they do on weekdays. **Bruce Keogh** agrees that this would benefit patients, but **Paul Flynn** sees little justification for elective care at weekends and asks who's going to pay

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YES The two-day weekend as we know it has been universally adopted in Western countries as protected personal time. In the UK challenges from high street retailers resulted in a change to the Sunday trading law in 1994. Since then, social behaviour has changed profoundly. Public expectations of service provision for customer convenience have resulted in the provision of routine services seven days a week in many industries—but not in healthcare.

This is a shame because extending the service would offer the opportunity to improve clinical outcomes with the added benefit of a much more patient focused service.

Weakness of current system

The NHS provides essential emergency care but not regular routine services on Saturdays and Sundays. Yet we have hard evidence that mortality for patients admitted to hospitals on both sides of the Atlantic is higher at weekends,¹⁻⁴ that our junior doctors feel clinically

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NO Over the past two decades the NHS has been afflicted by the application of policies and practices copied from the world of business, where they have often already become obsolete. From fundholding onwards, policy makers have steadfastly ignored the obvious difference in the NHS, which is that NHS providers have only a limited ability to seek out new revenue in the way that other businesses can. What the NHS does is to care for people, and it is when it stops doing that in favour of providing services to customers that the rot really sets in.

It is inarguable that patients who need to seek medical care at weekends should receive the same standard of care as they do during the week, and the Academy of Medical Royal Colleges¹ and individual royal colleges have set standards to reflect this.^{2,3} To achieve this will be no mean feat because in addition to ensuring that there are adequate numbers of consultants present it will require prompt access to diagnostic and therapeutic services, not to mention social services if discharge is to happen at

exposed at weekends,⁵ and that hospital chief executives are worried about weekend cover.⁶ This has led to calls for greater consultant presence in hospitals at the weekend from Medical Education England,⁷⁻⁹ the Academy of Medical Royal Colleges,¹⁰ the Royal College of Physicians,¹¹ and Royal College of Surgeons.

It is also clear that the lack of many seven day services has an adverse effect on measurable outcomes in each of the five domains of the NHS outcomes framework: mortality amenable to healthcare, treatment of long term conditions, outcomes from acute episodes of care, patient experience, and safety.¹²

We must ask why, in many hospitals, expensive diagnostic machines and pathology laboratories are underused, operating theatres lie fallow, and clinics remain empty. Yet, access to specialist care is dogged by waiting lists, and general practitioners and patients must wait for diagnostic results.

Imagine finding yourself in need of a blood test result, a diagnostic test, or specialist advice but having to wait an additional two days—for what reason? Intuitively many of us find this frustrating and unacceptable.



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weekends. Although acute care of this sort must take place on a seven day basis, there is little to justify the same approach to elective care.

Problems of extending elective care

One argument made for organising elective care over seven days is that it is necessary to meet the demands on the NHS and to bring down waiting times. Those of us working in the NHS are often frustrated at being

Imagine, also, a young woman who finds a breast lump at 4 pm on a Friday. How easy is it for her to get a diagnosis and good advice before the beginning of the next week? What kind of weekend will she experience?

Making it work

The clinical, compassionate, and patient convenience arguments in favour of change are compelling. However, there will be difficult problems to solve, not least around the economics. This is 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 as well as tackling some difficult problems in workforce planning if we are not to dilute the efficiencies of the standard working week.

It is right to try because it would enable us to be truly patient centred for the whole of the week, rather than two thirds of it, and we could improve access, shorten diagnostic response times, shorten hospital stay, and improve training.

This is why in its first iteration of planning guidance for the NHS the new NHS Commis-



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sioning Board has committed to looking at this matter in detail, with a broad range of interested parties.¹³ We cannot solve this in one go—the question is where to start. On advice from the medical royal colleges and the BMA we will begin by considering how to improve diagnostics and emergency and urgent care at weekends.

prevented from doing our job as efficiently as we know we can. The BMA's 2010 survey of consultants showed that they were most frustrated by their inability to effect change.⁴ The systems of finance and organisational structures often stand in the way of delivering efficient healthcare. It flies in the face of all logic to reward a system that is not using its existing resources to best effect over five days by giving it the opportunity to mismanage them over seven.

Any clinician can tell you off the top of his or her head three things that will make their clinic more efficient. Any surgeon can tell you three things that will make his or her operating list more efficient. It is time the NHS listened to the doctors who can tell it how to solve these problems and stopped just throwing a longer working week at it.

Another reason offered for operating elective services seven days a week is that the public expects it. The fact that shops now open at weekends is often quoted, as is the economic cost of workers taking time off to attend hospital appointments. However, although the distinction between the weekend and the rest of the week is less marked than it was in the past, society as a whole does not operate on a seven day

basis. Schools and many businesses do not open at weekends, and much of the other infrastructure of society such as public transport does not operate a full service at weekends either.

A few years ago I moved one of my clinics to the early evening and was begged by many patients to move it back because there was no public transport home after 6 pm. Similarly, mothers with young families asked to have daytime appointments as outside school hours they would have to organise childcare. I fear that an entirely seven day NHS is catering for the convenience of the middle class and not the needs of those who are the greatest users of the NHS. A few clinics in evenings or at weekends will cope with this demand; the wholesale operation of the NHS seven days a week is a gross over-reaction.

All of this debate ignores the most important question: who's going to pay for this? Many NHS providers are already in dire financial positions to the extent that some of them are consulting on making staff redundant.⁵ It is inconceivable that they will be able to staff operating theatres and clinics seven days a week, let alone provide all the other resources that this activity will

The proposal comes at a time when many doctors are worried about the effect of the global economic crisis and structural changes on the future of the NHS and the personal effect of NHS pension reforms and changes to the clinical excellence reward scheme. Many are worried that the NHS is being commercialised and that their professional values and commitment are being devalued.

This should not detract from the recognition that healthcare is a seven day commitment, and this is something doctors feel, believe, and understand. This proposal is based in the knowledge that doctors are good at solving problems and are the natural leaders for clinical change. The NHS Commissioning Board is offering an opportunity for our profession to step forward to consider the challenge of delivering seven day healthcare purposefully and constructively to secure benefits for our patients, our society, and our NHS.

Competing interests: None declared.

Provenance and peer review: Commissioned; not externally peer reviewed.

References are in the version on bmj.com.

Cite this as: *BMJ* 2013;346:f621

consume. The public, I think, would rather such resources were focused on the sickest people who come to hospital.

If as a doctor I want to try a new way of treating my patients, my employer will quite rightly want me to show that there is proof that the treatment is safe and effective, not to mention cost effective. Sadly, rarely is such scrutiny applied to the re-organisations that the NHS is periodically afflicted with. One study even showed a poorer outcome for patients admitted for elective surgery at weekends.⁶ There should be no move to seven day elective working without piloting and careful evaluation of the outcomes.

As an obstetrician and gynaecologist, I'm already familiar with working at nights and at weekends, babies having a preference for arriving at night.⁷ I and my colleagues will always be willing to be there when patients need us, but we cannot be expected to have the same sense of commitment to addressing either management inadequacy or a small measure of public inconvenience.

Competing interests: None declared.

Provenance and peer review: Commissioned; not externally peer reviewed.

References are in the version on bmj.com.

Cite this as: *BMJ* 2013;346:f622