

Summary (Table)
NHS - SEVEN DAY SERVICES (Mailbase replies)

32 responses – 58 key points – 8 themes

Themes	Key Points
<p>Staffing</p>	<ol style="list-style-type: none"> 1. Without further staff it would be simply impossible to run a 7 day service. 2. Not only a question of funding – there simply are not enough trained/qualified staff in the country. 3. In addition if we make 7 day working mandatory we will find even more staff leave either the profession or the country. 4. 'Full' service over 7 days will require significant increases in staff of the order of 7/5 to continue to maintain quality. 5. Other outside factors which will influence a hospital's ability to work 7 days such as public transport, saturday or sunday child care provision. 6. More resource is required and therefore the cost increases. 7. It is difficult to juggle with childcare responsibilities. 8. Therefore the only way to work 7 days without costing more would be to reduce the size of the workforce, further reducing capacity. 9. Work life balance is something that cannot be compromised in our Enterprise Agreement. 10. I think it's inevitable that capacity will become an issue and all outpatient services are likely to be pushed into full 7 day working. 11. Anyone who is instinctively resistant to working as part of a 24/7 healthcare service, would you be better off working in the private sector? 12. There are other issues; competency, support, lack of staffing during the week, sick cover etc. 13. I don't imagine everyone has the same level of enthusiasm when it

	<p>comes to working weekends and evenings, particularly those with young children.</p> <p>14. Weekends and evenings are still anti-social as childcare and public travel can be both difficult and/or potentially more expensive at these times.</p> <p>15. We should accept changes to 7 day working where this can be shown to be a positive benefit to the health of the public but this should not be allowed to be at the cost of poorer conditions or work-life balance for healthcare workers.</p>
<p>Contractual</p>	<p>16. AfC says that you have to pay those working at weekends more.</p> <p>17. Pilots are being run for 7 day access contracts of employment have been changed to include a clause that staff may be asked to work 24/7 shifts.</p> <p>18. AfC T&C can be changed.</p> <p>19. Aren't Foundation Trust able to negotiate local T&Cs anyway?</p> <p>20. AfC allow 24/7 working & prescribes rates of remuneration, including unsocial hours enhancements for weekend working.</p> <p>21. If the only obstacle to seven day working were the additional cost of unsocial hours payments I cannot imagine that they will be allowed to continue for long.</p> <p>22. So spreading the same work over 7 days instead of 5, but only working 5 of them, can easily be staffed from the 30% reduction in everyone's salary!</p> <p>23. TOIL is an option I'd encourage managers to consider.</p> <p>24. Unsocial hours payments are payable to all pay bands and for all hours worked at weekends, public holidays and between 8 p.m. and 6 a.m.</p> <p>25. The national T&Cs can be altered locally and this has happened in a number of places.</p> <p>26. Where shifts involve anti-social times this should be acknowledged by employers and</p>

	staff suitably compensated.
Ways of Working	<p>27. Just to take a view from another department, other areas (like MRI) which used to work sensible hours 5 days a week have gradually had to go to working 8am-8pm seven days a week to tackle ever increasing demand/waiting lists.</p> <p>28. I think it's critical in the midst of the 7 day working considerations to, essentially, redefine this as "essential service time" and make it a more visible part of the treatment of patients.</p> <p>29. 7 day working, although a pain in some respects, might actually present an opportunity to change how physicists work as part of the multi-disciplinary team that delivers radiotherapy/other services.</p> <p>30. It may be that if we effectively create more hours in the week for these services, then dedicated Physics time might be able to be scheduled into those departments.</p> <p>31. I'd interpret 7 day working to mean being available for emergencies and doing QA at weekends.</p> <p>32. We would have less pressure to get the QA done quickly (and potentially incorrectly).</p>
Communication	<p>33. We have not been asked to do this but there is a general warning in the air that it is coming.</p> <p>34. As long as something is happening on all seven days I guess we would have fulfilled the instructions.</p> <p>35. The IPEM working party (RTSIG) looking at the implications for extended day working.</p> <p>36. Need to define what level of support is required based on the service required to be run for the 7 days.</p> <p>37. Also we have to continue to educate about the amount of work Physics perform already out of hours on linacs.</p>

	<p>38. There is no doubt that the DoH's intention is for most hospital support services to become 7 day working in the future.</p> <p>39. "7 day working" doesn't mean "7 days of treatment time".</p> <p>40. It might help to consider that the driving force behind this is the observation that more people die in hospital on weekends than during the week.</p> <p>41. From the medical physics point of view, pressure is not likely to be on radiotherapy, more likely to be on areas of imaging that are not already available 7 days.</p> <p>42. NHS England document from December 2013 states: "Pathology, physiology and especially cardiac physiology and medical physics to support imaging and radiotherapy are key priority areas to deliver services seven days a week". Ref: www.england.nhs.uk/wp-content/uploads/2013/12/brd-dec-13.pdf</p> <p>43. I imagine each department would have to look at their work load on an individual basis and then make the determination of whether a 7day week is of net benefit.</p> <p>44. The argument will more or less be won on a basis of capacity.</p> <p>45. There is due to be second report in the Autumn (2014) that may extend this remit.</p>
<p>Logistics</p>	<p>46. Patients often like weekends.</p> <p>47. The hospital car park is less fraught at the weekend.</p> <p>48. Many specialist diagnostic and therapeutic services need an extensive support infrastructure that would be very difficult to extend to match.</p> <p>49. Patients are generally positive about these 'out of hours' slots, as they are more convenient providing they have their own transport.</p>
<p>Radiobiology</p>	<p>50. How would switching from 5/7 to 7/7 affect treatment schedules from the Radiobiology side?</p> <p>51. Even if radiobiology and patient tolerance says "5 days is better",</p>

	it doesn't matter which 5 days those are.
External	<p>52. The manufacturers of RT equipment are not in a position to offer a 7 day service.</p> <p>53. Extending the service much further would not only need more staff, but big changes to commercial production and delivery of radiotracers which will not be financially viable.</p> <p>54. What about support from machine manufacturers at the weekend?</p> <p>55. Presumably if we wanted support and parts delivering 7 days a week we would have to pay more for our maintenance contracts as well as staff?</p> <p>56. Manufacturers are not in a position to respond instantly as they have exactly the same issues as us in terms of training up new engineers, help desk support, changing hours of working, structures of ordering, warehousing.</p> <p>57. Even sending parts at non-standard times costs them/us a fortune because they cannot negotiate better prices with the courier companies.</p>
Equipment	58. Working the machines harder will shorten their lifespan.