Optimising Capacity

“Extending the working day(s)"

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Lecture

Aim: Practical Advice & What’s achievable?

Case Study – Royal Liverpool Hospital

Service Re-design- Optimising capacity
  3-Session Day
  7-Day Services
Models Expanding Capacity
(50% Increase Activity)

**OPTION 1**
Extra Room (9-5)

**OPTION 2**
3 Session Day (8.30-20.30)
Seven Day Service Provision

- **Level 0** – Five days a week – Routine service Mon-Fri

- **Level 1** – Departmental level, extended hours e.g. 8am – 8pm

- **Level 2** – Services are delivered seven days a week, but limited range of services on a Saturday and Sunday. This limited range of services goes beyond “on call”

- **Level 3** – Services offered seven days a week with several departments working together to provide services across the organisation

- **Level 4** – An integrated seven day service across the organisation
RLH - Activity

<table>
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Continued increase in number of In-patients and Complex Endoscopy
Our Experience

Level 1 – Extended Hours
JAG Diagnostic waits

Death Barium Enema

Drivers

Bowel cancer screening

Surveillance

In-patients
Brain Child

Professor Lombard

Consultant Endoscopist
3 Session Working

- Monday to Thursday

- 3 Sessions working (8.30 am to 8.30 pm)

- Increase Capacity- 16 lists pw.

- Increase Capacity- In-patients – with Evening lists

- Increase Capacity- Complex work- Move diagnostics to evening increase daytime lists for complex
Considerations

- Workforce
- Scheduling
- Extended Hours 3 session days
- Finance
- Equipment
- Decontamination
- Flexibility Unexpected events
- Other services (Pathology, Portering, ISS-Cleaners/catering)
Challenging

WHY ARE YOU BEING SO DIFFICULT?

BECAUSE GOOD LEADERS NEED TO KNOW HOW TO WORK WITH ANGRY, MANIPULATIVE, SELFISH, LYING, CONTROL FREAKS LIKE MYSELF.

HAVE YOU LEARNED ANYTHING YET?
Consultant Endoscopists
Workforce

• Endoscopists (consultants, NE, Fellows)
• Nursing Staff
• HCA
• Decontamination
• Infra-structure Support (management & Administration)

Working Patterns

• New contracts - existing staff
• Shifts changes
• Contracts for New Staff
• Evening work compensated with day time session off
• Flexibility
Scheduling

Scheduling

- Management
  - Admin Manager (Lynchpin)
  - Endoscopy Lead
  - Nursing Lead

- Organise Needs of Service
  - Pooling/segmenting
  - Procedures v competency

- Patient & Procedure Demo
  - Diagnostics
  - Fit Patients (ASA I&II)

- Flexibility of unexpected events
  - In-patient Lists
  - Consultant of the day

Flexibility & Cross-cover

- Flexible timetabling
  - Cons/NE/Fellows- 6 wks
  - Sessions (only fixed lists GA/ERCP/FNA lists, Inpatients)

- Annualised Contracts

- Sessional use of Endoscopists
  - Retired/Research

- Shared Lists

- Annual leave coordination & priorisation

- Sessional pay to cover eve
Advantages

• Increase Capacity with Limited Plant

• Staff Advantages
  – Nursing Staff- Day off during week
  – Endoscopists- Session off during the week
  – Evening List Better working environment

• Patient Advantages
  – Patient choice
  – Convenience
    • OGD after Work
    • Colonoscopy All prep on day of procedure
  – Rarely DNA
Patients Perspective

- **Evening**
  - Willing: 80%
  - Not willing: 10%
  - No answer: 10%

- **Sunday**
  - Willing: 80%
  - Not willing: 10%
  - No answer: 10%

- **Saturday**
  - Willing: 80%
  - Not willing: 10%
  - No answer: 10%
Happy Ever after!
Problems

• Lists continually over-running
• People getting Tired and Sickness (cover)
• Staff Turnover- Willing & Unwilling
• Starting on time of each session
• Inefficient (Reduce points on lists)
• Covering Evening Lists (Back-fill)
• Coping with Unexpected- Emergencies
Level 2/3: In-patients & 7 Day Services
7-Day Clinical Standards

Ten Standards

1) Patient Experience
2) First time consultant review
3) MDT review
4) Shift Handover
5) Diagnostics
6) Intervention/Key Service
7) Mental Health
8) On-going review
9) Transfer to community, primary & social care
10) Quality improvement

Endoscopy

5) Diagnostics: Hospital In-patients must have access to diagnostic services
   - Within 1 hr for critically ill
   - Within 12 hrs for urgent
   - Within 24 hrs for non-urgent

6) Intervention/Key services:
   Hospital in-patients must have 24 hr access, 7 days a week to consultant directed interventions
   - Interventional Endoscopy
Level 2- Weekend Working
How we did it

• Appointed more consultants & associate specialist
• Reviewed all job plans and made it equitable
• Increased PAs for on-call for consultants or time-back
• In-patient List only
• Weekend- Ward Round/In-patient List on Sat, Sunday, BH (inc X-mas)
• Re-issued 7 day contracts for endoscopy nurses/HCA following consultation
• Increased nursing workforce
• Centralised Decontamination to Endoscopy Unit
Weekend Service

- **Phase 1**: Registrar or Consultant
  - On-Call Registrar WR

- **Phase 2**: Consultant Registrar
  - On-Call Registrar WR

- **Phase 3**: Consultant Registrar Endoscopy Nurses
  - On-Call Cons WR 3hr Saturday list

- **Phase 4**: Consultant Registrar Endoscopy Nurses
  - On-Call Cons WR-3hr WE & BH list

- **Phase 5**: 2x Consultants Registrar Endoscopy Nurses
  - On-Call Cons WR Out-reach Full day lists 8.30-4.30 WE/BH
In-Patient Referrals Patterns

The diagram shows the referral patterns for the Working Week (Monday to Friday) and the Weekend (Saturday and Sunday) in a hospital setting.

- **Pre-Working**: The referral rate is highest on Friday, with a noticeable drop on the weekend.
- **Weekend Working**: The referral rates are significantly lower on both Saturday and Sunday compared to Friday.

The graph indicates a clear pattern of higher referrals before the weekend and significantly lower referrals during the weekend.
Referral to Scope Waits

Pre-Weekend Working

Weekend Working
Emergencies in Theatre

Bar chart showing a significant increase in emergencies in the theatre from pre-WW to WW.
## UGI Bleeding Mortality Comparison National & RLH

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Cost Consideration

Benefits
• Income: PBR Tariff (if Lucky)
• Increase capacity- Targets
• Patient Choice
  – Satisfaction
  – Reduced DNA
• Reduced Length of Stay
• Better Patient Outcomes

Costs
• Staffing
  – Endoscopists
  – Nurses/HCA
  – Decontamination
  – Administration
  – Portering
  – Pathology
• Consumables
• Estate
• Displaced Activity
• Quality of Life- Work Life Balance
## Workforce

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Conclusion

• Leadership
• Teamwork
• Engage (Trust Board- Ground Level)
• Workforce Flexibility & Planning
• Scheduling
• Support
• Financially Plan (Business Case)
Thank You

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