GREATER MANCHESTER CHILDREN, YOUNG PEOPLE AND FAMILIES' NHS NETWORK

"RESIDENT SHIFT WORKING CONSULTANTS"

ACROSS THE NORTH WEST STRATEGIC HEALTH AUTHORITY

SUMMARY

To date NHS services have predominantly been delivered by trainees, yet one of the impacts of the European Working Time Directive (EWTD) has been a reduction in the day-time availability of training grade doctors, and a reduction in the time they spend with consultants. This together with several factors affecting medical workforce planning necessitates a change in the way that services are delivered. The Academy of Medical Royal Colleges, The Royal College of Paediatrics and Child Health, The Royal College of Obstetrics and Gynaecology, and the Centre for Workforce Intelligence have published comprehensive documents discussing new models for consultant working, including consultant-delivered care.

In 2009, **Greater Manchester Children, Young People and Families' NHS Network (CYPFN)** undertook the expansion of a consultant-delivered service using a 'Resident Shift Work Consultant (RSWC) work plan'. This was part of Making it Better (MiB), which was the name given to the reconfiguration of, and investment in, children's, neonatal and maternity services across Greater Manchester. The principles and structural reasons for undertaking reconfiguration apply to anywhere providing paediatric, maternity and neonatal services, and indeed anywhere that has a requirement for full 24/7 services such as A&E, critical care and anaesthesia. The public consultation decision to this reconfiguration was to reduce the number of 24 hour consultant-led units for paediatric and maternity services in the Greater Manchester area from 12 to a maximum of eight, and to increase the number of neonatal intensive care units from two to three. This reduction in in-patient units enabled the consolidation of scarce workforce on fewer sites thus contributing to the achievement of fully staffed rotas on the eight sites. However, further consultant recruitment was required to meet European Working Time Directive (EWTD) standards, and provide trained doctor presence 24/7.

The resident work plan was developed and implemented to support MiB as it enables more care throughout the 24 hour period to be provided by doctors who have completed their training. At many hospitals in Greater Manchester Consultants are now present outside normal working hours - hence the term 'resident shift-working consultant'. They are clinically responsible for the care that patients receive and either provide hands-on care or closely supervise all aspects of the care received in the clinical setting. Care may be delivered by other members of the team but only under their supervision.

Whilst the model can be applied to any specialty it is particularly relevant to the '24/7' specialties such as paediatrics, obstetrics and gynaecology, emergency medicine, and anaesthesia. Greater Manchester has a large number of resident consultants as a result of the implementation of this purpose designed model of medical workforce provision.

GOOD PRACTICE CASE STUDY

NHS North West

KEY OUTCOMES

- This model supports properly established, fully staffed (and funded) medical rotas, eliminating the bulk of locum costs and providing good working conditions and training opportunities for all medical staff.
- It was identified that the cost for locums in obstetrics, paediatrics and neonatology at the previous 12 Greater Manchester sites across all medical grades (consultant, middle-tier and juniors) ran at £12m a year. Fully staffed rotas at the eight sites were predicted to reduce the need for locums and thus reduce these costs substantially. A financial evaluation has yet to be conducted.
- EWTD compliance is being achieved for all medical staff, without any reduction in available training time for training grade doctors.
- The "full shift" working pattern with consultant presence allows the number of middle grade doctors on the out-of-hours rota to be reduced significantly ensuring EWTD compliance and satisfactory access to training. This benefit occurs even when there are just two resident shift working consultants on the 24/7 rota. These rota patterns have been commended in the Temple Report as an exemplar of how to increase the available training time for junior medical staff.
- A survey by North West Strategic Health Authority (SHA) was undertaken to evaluate the introduction of resident consultants using semi-structured telephone interviews and web questionnaires. Those appointed to resident consultant posts in the NHS North West areas of Greater Manchester, Cheshire & Merseyside, and Cumbria & Lancashire were invited to participate. The large majority of consultants surveyed felt that there were advantages to a resident job They felt this had improved their domestic situation and work-life balance. Additionally, qualitative interviews revealed that consultants believe this new model leads to better quality care (See Appendix 1 – Summary of Evaluation)

BACKGROUND

Children, Young People and Families' NHS Network (CYPFN)

The Greater Manchester Children, Young People and Families' NHS Network [CYPFN] was established in 2003 by order of the then Secretary of State for Health [Lord Hunt]. The CYPFN comprises three managed clinical networks; paediatrics, maternity and neonatology and is supported financially by the Greater Manchester commissioners. All the acute trusts in Greater Manchester are members of each clinical network and the clinical leadership demonstrated by the networks was the driving force for Making it Better , the consultation and implementation of which was supported financially by the ten Greater Manchester Primary Care Trusts [PCTs].

Medical Workforce Planning

There have been numerous changes within the NHS and within clinical practice over this period which have affected medical workforce planning, including:

- **The implementation of the EWTD and its effects on trainee doctor numbers required to fill a rota, and the subsequent effects of their training opportunities**
- **A dramatic reduction in the number of children admitted to hospital as a consequence of changing patterns of illness and modes of treatment**
- **A positive correlation between a larger clinical case-load and the quality of outcome as highlighted in the Kennedy enquiry into children's heart surgery and the research into provision of cancer services**
- **Workforce planning models for 24/7 specialties**
- **National and Royal College guidance supporting consultant presence out of normal day-time working hours**

KEY AIMS

- Increase the quality and productivity of patient care - such as better patient outcomes, efficient use of beds, and decreased length of stay
- Realise benefits linked to the training of junior doctors
- Enable more efficient use of resources
- Provide GPs with access to the opinion of a fully trained secondary care doctor
- Fulfil patients' expectations of access to appropriate and skilled clinicians and information at all times

GOOD PRACTICE CASE STUDY

NHS North West

EVALUATION

The Resident Consultant model was first implemented in 2008/2009 and a survey of resident consultants was undertaken in 2010 to gather clinical opinion on the model. In addition, background and supplementary information was provided by GM CYPFN and Clinical Directors in the Trusts where resident consultants had been appointed. The services covered were Paediatrics, Neonatology, and Obstetrics & Gynaecology.

The evaluation was conducted using semi-structured telephone interviews with appointees to resident consultant posts in Greater Manchester, Cheshire & Merseyside, and Cumbria & Lancashire. This approach was supplemented by a web-based survey. Of the forty interviews undertaken 30 were with resident consultants and of those 18 worked for Greater Manchester Trusts, five for Trusts in Cheshire and Merseyside, and seven for Trusts in Cumbria and Lancashire.

Quantitative Results:

- 31/36 (86%) off all consultants (obstetric, neonatology and paediatric) felt there were advantages to a resident job; 23/30 of respondents felt that there were no disadvantages to resident working; the majority of consultants who responded to the telephone question as to whether resident rota had improved their domestic situation agreed that it had; 39/40 resident consultants stated that they were not made to feel inferior by non-resident consultant colleagues. See appendix 1 for these results.
- In the web-based questionnaire, paediatric consultants felt resident consultants had a net positive effect on: Quality of service provided, Patient safety, Training of junior doctors (Appendix 2 -Graph 1). The results were similar for the obstetrics and gynaecology consultants (Appendix 2 - Graph 2), who also noted a greater improvement in work life balance. The four neonatology consultants however did not acknowledge an improvement in quality of the service (Appendix 2-Graph 3).
- In the telephone based questionnaire, consultants exhibited more positive opinion than in the web-based questionnaire that was undertaken some time later. As the two were not always consistent in terms of depth of feeling it is impossible to make any comparisons based on numbers as the responses for the questionnaires do not match the interviews. It is possible that this is a manifestation of respondents reacting to the 'impersonal' nature of the internet, i.e. being able to express more negative feelings without fear of upsetting the interviewer.

Qualitative Feedback: Quotes from Consultant survey

- ***"I believe we provide a better service now. There is less waiting for the patients as I can make decisions straightaway. I am assigned junior trainees or (SHO level) and either a GP trainee or an ST1/2. They benefit from having me around for training and evaluation and there is no need for a Registrar on that night shift."***
- ***"There is definitely better care with better decision making and no delay. As the consultant is available things do not have to wait 'til the next morning. There is better supervision and training Out of Hours"***
- ***"More hands-on work keeps up skills, work more closely with juniors"***
- ***"I would be happy to do this until I am 50."***

RESOURCES

In 2009 the Department of Health allocated £50m nationally via the commissioners [PCTs]. This funding was ear-marked for 'trained doctor solutions in paediatrics and obstetrics'. The North West SHA and the North Western Deanery, in conjunction with the CYPFN undertook to distribute this funding in a planned way through the evaluation and approval of bids submitted by acute hospital trusts and endorsed by PCTs, under Making it Better (MIB).

In addition to new posts funded through the approved business cases in MiB, and individual Trust recruitment; the NW SHA, the North Western Deanery and the North West organisations ensured the recruitment of an additional 17 obstetric resident consultants, 33 resident shift working consultant paediatricians/neonatologists, and 17 resident anaesthetists through targeted use of the North West share of £50m nationally available from the DH in 2009/2010.

	NO. OF RSW CONSULTANTS THROUGH ALLOCATION OF NW SHARE OF £50M		
REGION	PAEDIATRICS/ NEONATES/ PICU	O&G	ANAESTHESIA
Greater Manchester	11	11	7
Cumbria and Lancashire	10	4	4
Cheshire and Merseyside	12	2	6
Total	33	17	17

GOOD PRACTICE CASE STUDY

NHS North West

KEY CHALLENGES

Implementing a system of consultant-delivered care has its challenges. For instance, the supply and affordability of consultants has to be addressed. The number of consultants has doubled since 1995, and the number of doctors in training has similarly increased; if all eligible doctors become consultants, and the number of trainees keeps increasing then the resulting pay bill would be unaffordable.

KEY LEARNING

It appears that resident consultant posts are seen as good posts, and appointees like them. In the main this is because they can provide a good work/life balance, and the positive effect these posts are felt to have on service quality and patient safety. The importance of a well structured job plan is stressed and with the reduced administration requirements from fewer out-patient activities it should be possible to provide 10 PA[1] job plans that include 2.5 SPAs[2] in these roles. However, it is worth noting that appointees do not like these posts if they do not have any resident consultant colleagues.

SUSTAINABILITY

A workshop held in November 2010, at the Royal College of Paediatrics and Child Health (RCPCH) in conjunction with the RCPCH Trainees Committee at which the options for future medical workforce solutions were debated and evaluated, indicated that there was considerable support within the junior doctors for the resident consultant solution. It was felt to provide the best opportunities for teaching and training, ensuring that juniors were well supported throughout the working day and provided the best possible care for patients. The workshop was extremely well received by those attending.

In 2011/12 the RCPCH undertook a research project to evaluate the new ways of working in paediatrics, specifically 'consultant delivered care' as evidenced through resident consultant working[3]. This six month project, using a mixture of quantitative and qualitative methods, site visits and interviews, has shown that consultant delivered care in a range of forms:

- Is a popular and well supported model
- Is believed by consultants and trainees to provide good quality training and access to teaching
- Is popular with nurses
- Improves team working
- Improves the quality of care
- Ensures good handovers
- Ensures continuity of care
- Can provide a good work/life balance

NEXT STEPS

- The information available to date needs to be supplemented with data that indicates whether consultants have delivered care results i.e. a reduction in clinical incidents, admissions, and length of stay.
- Data also needs to be gathered on whether there are any associated positive financial effects such as a reduction in Clinical Negligence Schemes for Trusts (CNST) premiums, or a reduction in locum costs and locum numbers. All information gained will be shared with Medical Education England.
- The CYPFN will continue to use a "trained doctor" solution (as outlined in appendix 4) and will work with the Royal Colleges of Paediatrics & Child Health, and Obstetrics & Gynaecology to assist with workforce modelling in these specialties.

CONTACT FOR FURTHER INFORMATION

- Mrs Halcyon Edwards, MSc, BA
  Director, HRM Enterprises

Email: halcyon@hrmenterprises.co.uk
Telephone: 07804 011339

SUPPORTING MATERIAL

- **Appendix 1 –** Positive and negative answers to resident Question series.
- **Appendix 2 –** Positive effects of resident posts (by Specialty)
- **Appendix 3 –** The Benefits of Consultant-Delivered Care: Academy of Medical Royal Colleges.
- **Appendix 4 –** Shape of the Medical Workforce, starting the Debate on the Future Consultant Workforce. Centre for Workforce Intelligence.
- **Appendix 5 –** Evaluation of the introduction of 'Resident Shift Working Consultants' across the North West Strategic Health Authority

FURTHER LINKS

Making it Better Consultation

1. Programmed Activities [ward rounds, out-patient clinics, theatre sessions, i.e. direct patient care activities]
2. Supporting Professional Activities such as teaching, training, education, CPD (including journals), audit, appraisal, research, clinical management, clinical governance, and service development
3. Edwards H, Ewing C, McColgan M, Winch R, Consultant Delivered Care – an evaluation of new ways of working in paediatrics, Royal College of Paediatrics and Child Health, January 2012; http://www.rcpch.ac.uk/what-we-do/workforce-planning/solutions/consultant-delivered-care/consultant-delivered-care