



**To all Trust Chief Executives and Medical Directors,
NHS England
February 24th 2014**

Dear colleagues

We are writing to ask for your support for the national HiSLAC project by nominating a senior physician at your Trust to act as the local project lead.

HiSLAC will evaluate a key component of NHS England's policy drive for 7-day services: the intensity of specialist-led care of emergency medical admissions, with a particular focus on weekend provision. In addition to examining the impact on patient-centred outcomes, the project will also undertake a health economics analysis of the impact of increasing specialist provision across the NHS in order to deliver the vision set out by the NHS Services, Seven Days a Week Forum. HiSLAC will therefore provide useful information across the NHS about the cost-effectiveness of investing in consultant and other specialist staffing in implementing the drive to 7-day service provision.

The HiSLAC project is funded by the NIHR-HS&DR programme (£1.4M over three years) and will engage with all NHS acute hospitals, patient representatives, and relevant professional organisations through the Academy of Medical Royal Colleges. We are working closely with NHS Improving Quality which is supporting 7-day services delivery. The project also has the support of NHS England's Medical Directorate and the NHS Confederation. The project protocol and supporting materials are available through the website [www.hislac.org]. An executive summary is attached to this letter.

The role of the local HiSLAC project leads is to help us access anonymised information about the intensity of consultant provision at weekends using a very short point prevalence survey of those physically present in the hospital and dealing with unscheduled admissions on one Sunday and one Wednesday this spring. The survey will be supplied electronically and can be dispatched by the local project lead to all consultants, with only those engaged in the relevant tasks asked to complete the pro forma survey. No personal identifiers will be retained by the project. Secondly, we will ask subsequently for their help in aggregating the number of consultant direct clinical care professional sessions allocated in job plans to caring for acutely ill patients undergoing unscheduled admission at weekends. Importantly, project leads and their employing trust will be recognized in scientific publications arising from the project.

Data confidentiality will be respected and data sources non-attributable. We will provide you with information about your Trust's data in relation to the aggregated dataset.

Governance of the project is assured by an Oversight Committee chaired by Professor Sir Michael Rawlins. The project has research ethics approval (REC: 13/WA/0372, Nov 12th 2013).

If you are willing to support us by nominating one of your senior physicians we would appreciate receiving the name and email address as soon as possible to allow to meet the NIHR-HS&DR's timelines. Nominations should be sent to the chief investigator, Professor Julian Bion [J.F.Bion@bham.ac.uk] and the project manager Dr Cassie Aldridge [C.P.Aldridge@bham.ac.uk].

Thank you for considering our request.

Yours sincerely

A handwritten signature in blue ink that reads "Julian Bion". The signature is written in a cursive style with a long, sweeping underline.

Professor Julian Bion (HiSLAC chief investigator)

Professor of Intensive Care Medicine,
University of Birmingham.

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on behalf of the project team:

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Professor Richard Lilford

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Professor Tim Evans

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Mr Peter Rees

HiSLAC SYNOPSIS

The HiSLAC project is funded by the NIHR-Health Services Delivery Research Programme in response to their commissioned call 12/128 on the organisation and delivery of 24/7 healthcare, *Assessing the effectiveness & cost-effectiveness of different models of organising acute care at nights & weekends*.

The rationale for this proposal is based on research in diverse health systems demonstrating poorer outcomes for patients admitted to hospitals at weekends. In the UK, four recent initiatives to address this problem include the Academy of Medical Royal College's publications '*Benefits of Specialist-Delivered Care*' and the Academy's standards document '*Seven Day Specialist-Present Care*'; the Royal College of Physicians *Future Hospital Commission* to examine new ways of providing specialist care; and the NHS Services, Seven Days a Week Forum's Summary of Initial Findings which led to the setting out of an implementation timetable for the NHS, in *Everyone Counts : Planning for Patients 2014/15 to 2018/19*. Changing long-established working patterns is challenging. We will combine quantitative analysis with qualitative (ethnographic) research to measure quality of care and to explore cultural and behavioural aspects of a fundamental change in service delivery. We will also assess the health economic impacts of improving specialist cover over week-ends. HiSLAC will help to inform national policy development.

Our proposal evaluates High-Intensity Specialist-Led Acute Care (HiSLAC) to improve the care of acutely ill medical patients admitted as emergencies to English hospitals, with a particular emphasis on weekend admissions. Specifically we will:

- Develop a measure of the intensity of specialist provision at weekends.
- Measure the current intensity of specialist-led care and how this has changed over time.
- Evaluate the effect of specialist intensity on differences in quality of care between patients admitted at weekends vs weekdays, and any effect of HiSLAC in reducing these differences.
- Improve understanding of factors facilitating or impeding the uptake and effectiveness of HiSLAC, using ethnographic exploration.
- Determine the effects of HiSLAC on hospital-level measures such as length of stay.
- Construct a health economics model to estimate the cost-effectiveness and budget impact of increasing specialist intensity.

We will do this using a phased approach. In Phase 1 we will develop metrics for HiSLAC, map current levels of 'penetration', and determine how this has changed over the preceding years.

Phase 2 examines the impact of HiSLAC on emergency non-operative admissions to acute hospitals at weekends. There are two workstreams. The first is an NHS-wide comparison of HiSLAC penetration with NHS performance and outcomes currently and over the preceding three years using Hospital Episode Statistics (HES) data. The second is a detailed quantitative and qualitative study of 10 HiSLAC and 10 low-intensity (LoSLAC) hospitals supplementing routine data from HES & local healthcare databases with case note reviews of quality of care, and on-site ethnographic exploration. A prospective Phase 3 is under consideration.