

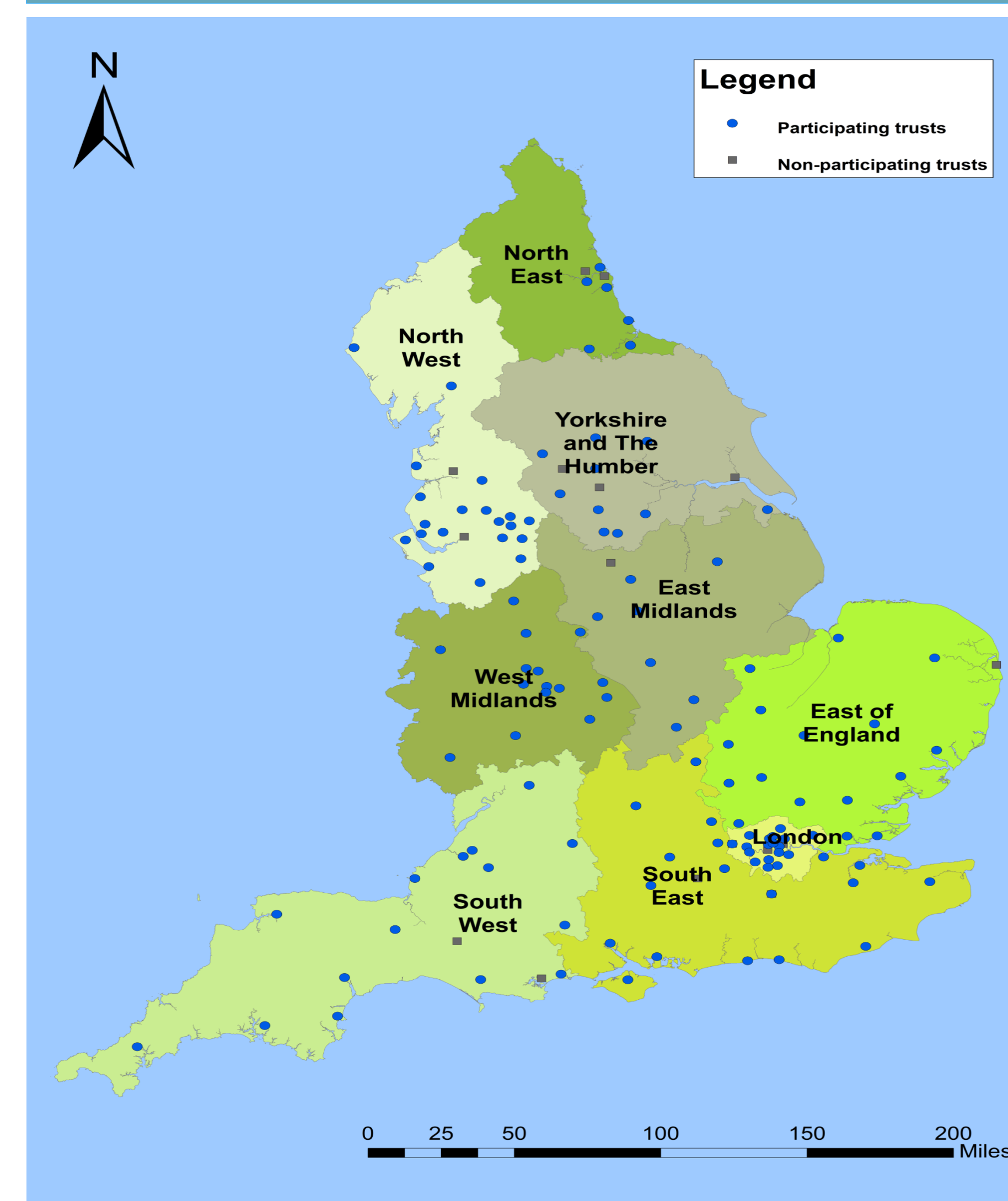
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Background

The HiSLAC study is funded by the National Institute of Health Research (NIHR) Health Service & Delivery Research (HS&DR) Programme. It was officially launched in February 2014 with the aim of determining whether having more specialists in hospitals at weekends will improve outcomes for patients (such as mortality rates and Quality Adjusted Life years (QALs)) admitted as medical emergencies. It will also determine the cost-effectiveness of different levels of staffing. HiSLAC brings together a broadly based coalition of patients, clinicians, researchers and policy-makers across the NHS in England. It will contribute to the evaluation of NHS England's 7-day services programme.



126 Acute Trusts in the HiSLAC collaborative



Phase 1

- Develop metrics for HiSLAC and map current levels of 'penetration'.
- Acquire HES/ONS data for acute (unplanned) admissions. Estimate the number of admissions and acute beds at NHS Trusts in England.
- Develop a training package to undertake case record review in Phase 2.
- Construct a health economics model to estimate the cost-effectiveness and budget impact of HiSLAC.
- Undertake a review of the literature around weekend-weekday mortality difference.
- Sensitise ethnographers to the acute clinical environment in preparation for Phase 2.

Progress:

A collaborative of 126 acute Trusts was established with local project leads nominated at each Trust (see map for participating Trusts). Two sets of metrics were developed; (i) Point prevalence survey of all consultants and associate specialists aims to determine the number of specialists physically present and providing care for acute admissions on two survey days. (ii) Directorate level questionnaire which asks for more detail about specialist staffing. The point prevalence survey was released on the 19th June 2014. 16,000 responses were received across 119 Trusts. This data is currently being processed before it is returned to Trusts and disseminated in wider forums.

Phase 2

Phase 2 is a detailed quantitative and qualitative study with two workstreams.

- **Workstream A: NHS System-level analysis** of emergency (unplanned) admissions to all English NHS acute Trusts.
- **Workstream B: In depth hospital comparison study.** A detailed cross-sectional mixed methods analysis of emergency non-operative admissions to 10 HiSLAC hospitals and 10 low-intensity (LoSLAC) hospitals.

Implications for practice

NHS England requires Trusts to introduce 7 day working 'at scale and pace'. This gives HiSLAC the opportunity for contemporaneous evaluation of these large-scale changes in healthcare delivery as they occur. We expect our results to have the following impact:

- Determine whether the impact of implementing HiSLAC justifies or even fully offsets the workforce costs.
- Provide a solid evidence base and implementation guidance material to assist hospitals in making the business case for, and implementing HiSLAC.
- Evaluate the impact of the transition to 7 day working and to understand factors likely to impede or enhance the effectiveness of this change in practice.
- Support the NICE clinical guideline group on service delivery for acute medical emergencies, and refinement of methods for quality assessment in circumstances where explicit criteria are insufficient.

Endorsed or supported by



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