The Weekend Effect

And how it’s been used

‘100 Lives Saved’


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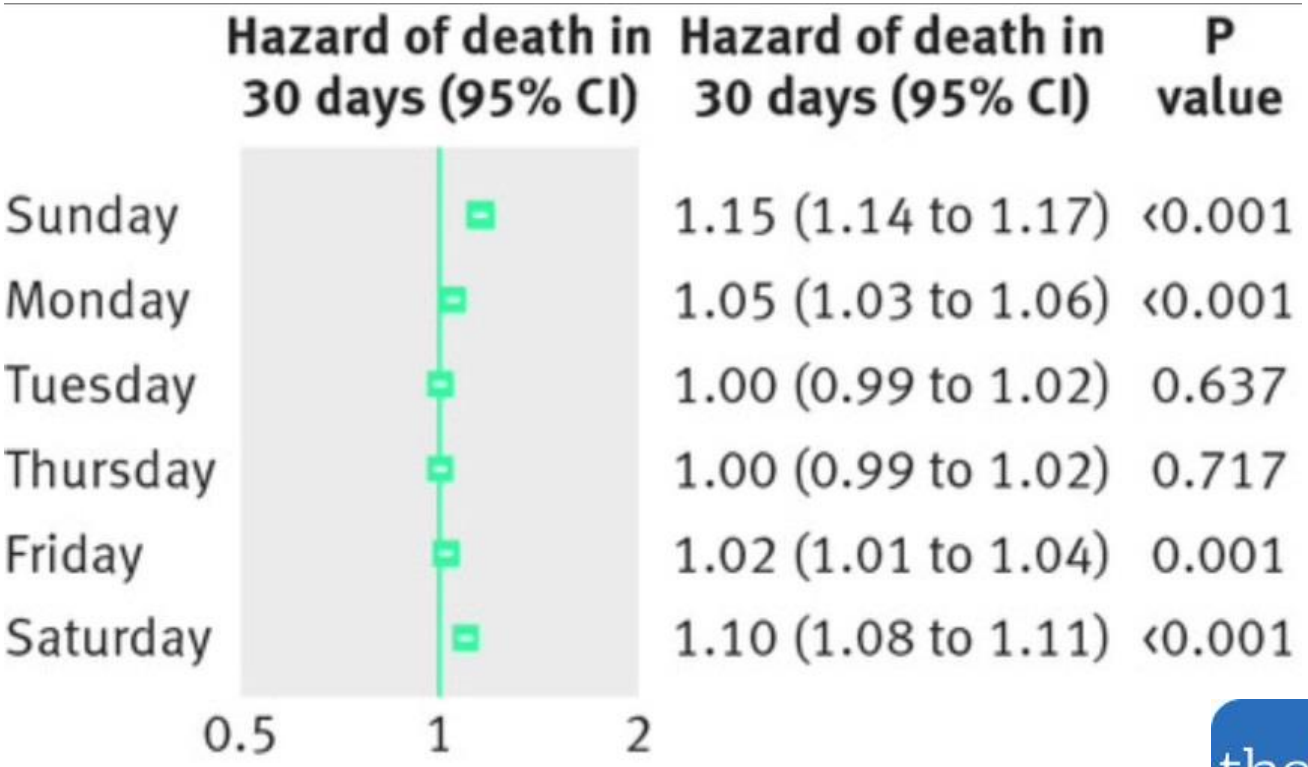
- ‘On the assumption that patients admitted at the weekend have the same risk of death as those admitted on weekdays, we estimate a possible excess of 3369 deaths (95% CI 2.921 to 3.820) occurring at the weekend for 2005/2006, equivalent to a 7% higher risk of death’
- Translates to 500 in London
- SE London: 100

- Fewer patients overall admitted at the weekend: 1m Sun, 1.2m Sat, 2.7m weekday
- Patients admitted at the weekend more likely to be emergency: 65% Sun, 50% Sat, 29% weekday
- Fewer **emergency** patients admitted at weekends: 0.62m Sun, 0.64m Sat, 0.79m weekday

Weekend-admitted patients

are more likely to die:



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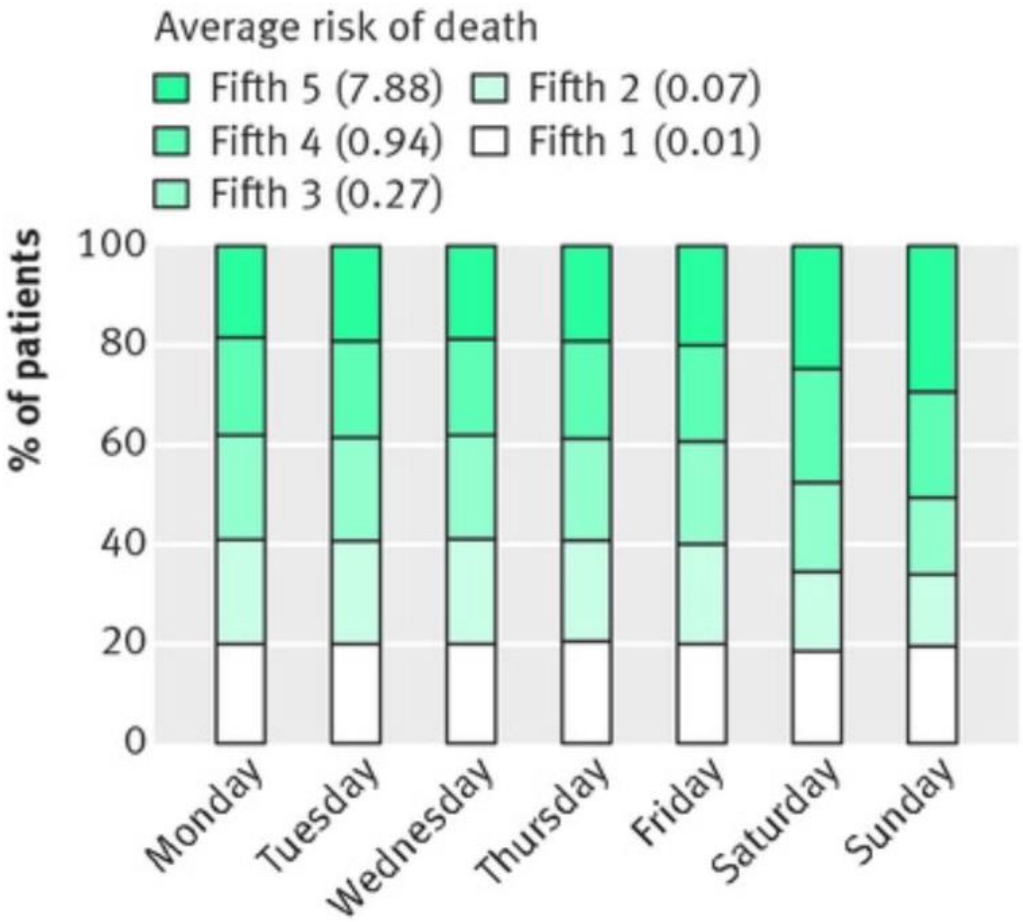
Weekend-admitted patients

are sicker when they're admitted to hospital



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Author affiliations

Fiona Godlee, editor in chief of *The BMJ*, has written to England's health secretary, Jeremy Hunt, outlining concerns that he has misrepresented an academic article on deaths of patients admitted to hospitals at weekends.

Godlee said that Hunt had misused the findings of the Analysis article, published in *The BMJ*,[1] and asked him to clarify statements that he had made in relation to it. She said, "I am writing to register my concern about the way in which you have publicly misrepresented an academic article published in *The BMJ*."

Godlee said that the article, by Nick Freemantle, professor of clinical epidemiology and biostatistics at University College London, and colleagues, reported an analysis of 30 day mortality after admission to hospitals in England and found an excess number of deaths among patients admitted at weekends. It found that 11 000 more people die each year within 30 days of admission to hospital on Friday, Saturday, Sunday, or Monday than on other days of the week.

"What it does not do is apportion any cause for that excess, nor does it take a view on what proportion of those deaths might be avoidable," Godlee said.

She said that despite this caveat Hunt had repeatedly told MPs and the public that these excess deaths were due to poor staffing at weekends. "This clearly implies that you believe these excess deaths are avoidable," Godlee wrote to Hunt.

She asked Hunt to clarify the statements he had made in relation to the article "to show your understanding of the issues involved."

The letter came after two doctors wrote to the Cabinet Office asking it to investigate Hunt's claim that the 11 000 deaths were due to too few doctors being on duty.

In their letter Antonio de Marvao and Palak J Trivedi, both academic clinical lecturers, said that Hunt had breached the ministerial code of conduct by misrepresenting official statistics. The letter, which was co-signed by thousands of fellow doctors and medical students, said, "It appears Mr Hunt deliberately and knowingly misquoted and misinterpreted the conclusions of a medical research publication in an attempt to mislead the other Members of

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DH Department of Health

13 February 2013

Professor Sir Bruce Keogh
NHS Medical Director

Room 504
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To: Dr John O'Donohue
sent by email to john.odonohue@nhs.net

Dear Colleagues

Thank you for your letter of 4th February in which you seek clarification with regard to the clinical advice I offered to the Secretary of State for Health to inform his decision in respect of the Trust Special Administrators (TSA) on South London Healthcare NHS Trust (SLHT).

First of all, I want to emphasise that I do understand why clinicians at University Hospital Lewisham (UHL) are rightly proud of the services they provide for patients, and why it feels very unfair that these services are affected by financial problems within another local hospital.

I want to make very clear that I was not asked to provide a judgement on the quality of healthcare in your hospital and this has not been called into question either within the TSA report, or in any advice I have provided to the Secretary of State.

As you know, the task of the special administration process was to find a way to deliver equitable access in the future to high quality services for all patients across South East London, not just patients using UHL. The decision to trigger the regime was taken in light of serious concerns that, if the financial problems were not tackled, there would eventually be a significant impact on quality of care for patients using the hospitals, which make up SLHT.

I was asked by the Secretary of State to review the final report of the TSA and consider the whole package of recommendations in the round to determine:

- The adequacy of clinical input into the development of the recommendations
- The strength of the case for change in terms of its delivering improved patient care in the local area
- The clarity of the clinical evidence base for change as required by the third of the 'four tests' on reconfiguration

As I wrote in my letter to the Secretary of State, I concluded that, on balance, there is a strong case that the recommendations are likely to lead to improved care for patients across the whole of South East London. This was only with the addition of some significant clinical safeguards for patients receiving urgent care at UHL and some other key markers I felt necessary to put on the record for implementation.

I can assure you that this is not a view to which I have come lightly. I have been guided by the need to find a long term solution which protects outcomes for patients right across South East London, in addition to the evidence in the TSA's report of wide clinical input (although not always consensus) into the development of the recommendations.

I was also swayed by the growing clinical consensus of the importance of individual organisations meeting the agreed London quality standards for acute care. These standards, in my view, do have a sound underpinning evidence base and it is recognised that in many cases, they cannot be delivered without a reduction in the number of sites delivering acute in-patient care.

I understand only too well the analytical difficulties of the sort of analysis conducted by Aylin, but the conclusions of the Aylin work are not inconsistent with work conducted by our own group in Birmingham, which you refer to at reference ix of your letter to me. This is not an exact science and these analyses help paint part of a complicated picture of the need for change.

The reasons for variation will, of course, be multifactorial, with system and patient factors contributing, including the possibility of increased illness severity and difficulties or delays in access to primary care. However, the NHS London work also demonstrated significant variability in access to consultant medical staff and diagnostic facilities. There is consensus that the early involvement of consultant staff improves clinical outcomes. If urgent patients do represent the sickest that we treat, then there is good justification for ensuring that they receive at least the same standard of care that would be available to them on weekdays. The London Quality Standards have been derived from this starting point and have been agreed by the London Clinical Senate with the aim of ensuring a consistent approach to acute care throughout the week.

As you know, where we have managed to eliminate the variability in access to specialist services, as with stroke, major trauma and myocardial infarction, the weekend effect has been significantly reduced.

I believe that the evidence base and the resultant consensus view supporting the London Quality Standards is robust enough for us to consider with some confidence that implementing these standards will save lives across the health economy in South East London, and it was to this belief that the Secretary of State referred in his oral statement to Parliament.

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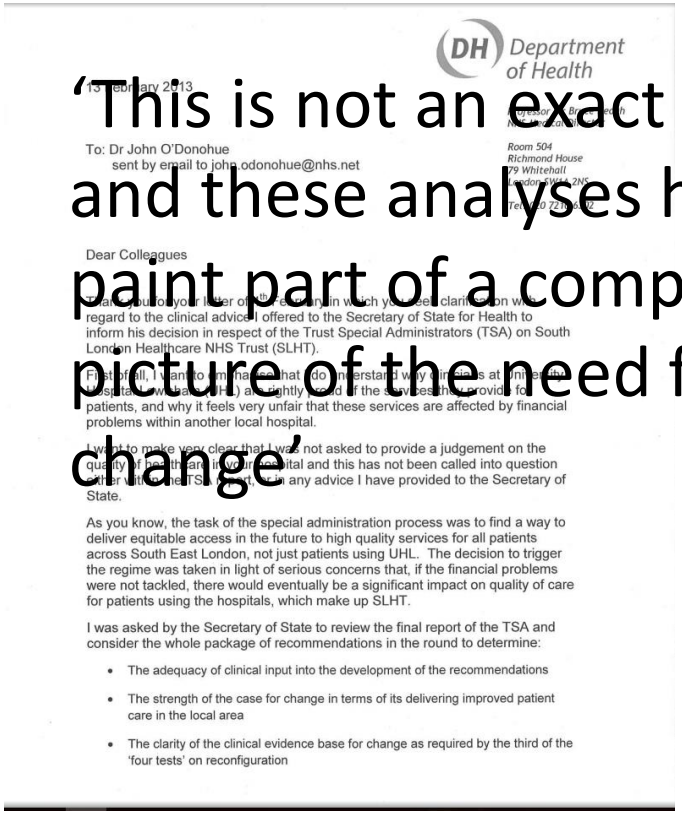

DH Department of Health

15 February 2013

To: Dr John O'Donohue
sent by email to john.odonohue@nhs.net

Room 504
Richmond House
79 Whitehall
London SW1A 2NS

Dear Colleagues

Thank you for your letter of 7 February in which you seek clarification with regard to the clinical advice I offered to the Secretary of State for Health to inform his decision in respect of the Trust Special Administrators (TSA) on South London Healthcare NHS Trust (SLHT).

First of all, I want to emphasise that I do understand why clinicians at University Hospital Lewisham (UHL) are rightly proud of the services it provides for patients, and why it feels very unfair that these services are affected by financial problems within another local hospital.

I want to make very clear that I was not asked to provide a judgement on the quality of care at UHL or any other hospital and this has not been called into question either by the TSA or myself in any advice I have provided to the Secretary of State.

As you know, the task of the special administration process was to find a way to deliver equitable access in the future to high quality services for all patients across South East London, not just patients using UHL. The decision to trigger the regime was taken in light of serious concerns that, if the financial problems were not tackled, there would eventually be a significant impact on quality of care for patients using the hospitals, which make up SLHT.

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NHS HOSPITALS SCANDAL

BETRAYAL OF OUR BABIES

FEARS Babies are at risk, Insel, mum

BY ANDREW GREGORY

BABIES born at the weekend are more at risk of death than those delivered on other days, a shock study has found.

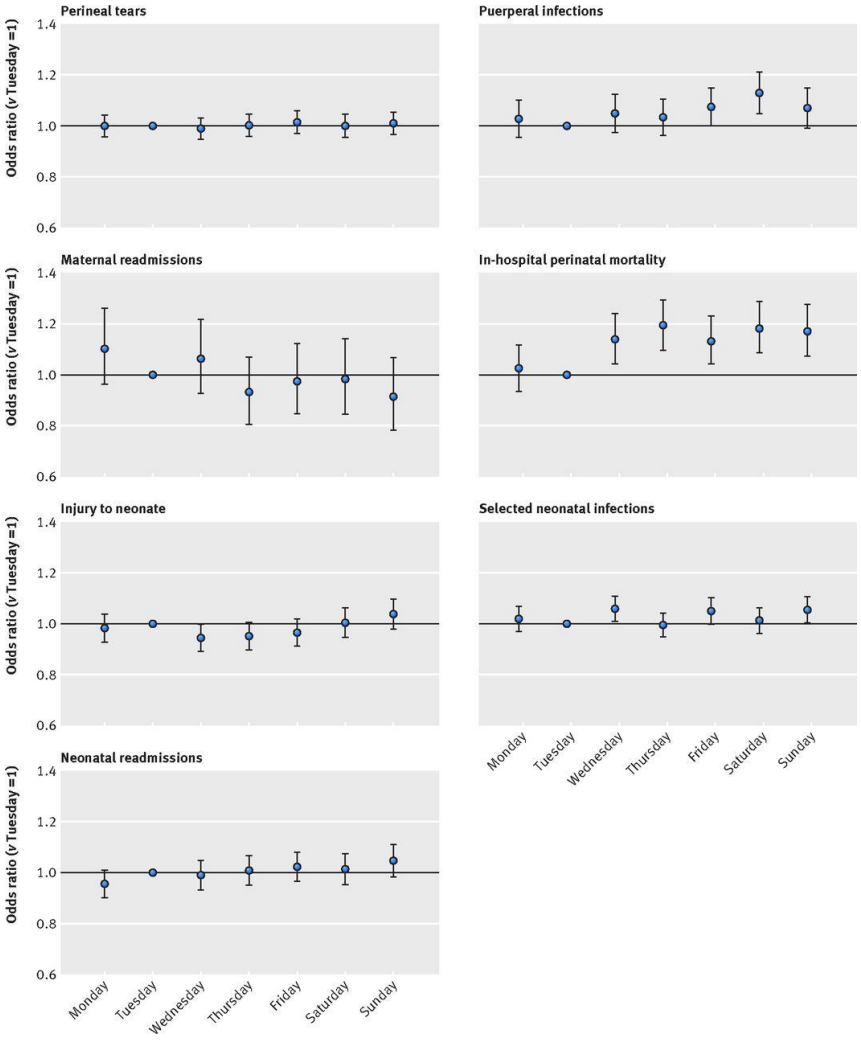
Experts revealed 770 die each year and there was a 47% increase in infections among mothers.

They gave no cause for the worrying figures but the report said there was a "lower standard of care" at weekends. Study chief Dr William Palmer added: "Understaffing may be behind it."

FULL STORY: PAGE 5

770 die a year because they're born at the weekend

Association between performance and day of women's admission or babies' delivery.



William L Palmer et al. BMJ 2015;351:bmj.h5774

What is already known on this topic

- Studies on whether obstetric outcomes are associated with day of delivery have given conflicting results

What this study adds

- This paper provides an evaluation of the "weekend effect" in obstetric care, covering a range of outcomes
- The possible scale of the problem is highlighted, for example, in the highly statistically significant increase in perinatal mortality at the weekend
- The results would suggest approximately 770 perinatal deaths and 470 maternal infections per year above what might be expected if performance was consistent across women admitted, and babies born, on different days of the week

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