



THE ASSOCIATION OF ANAESTHETISTS
of Great Britain & Ireland



The Royal College
of Anaesthetists

Out of Hours Activity (Anaesthesia)

Guiding Principles and Recommendations

JOINT POSITION STATEMENT

Association of Anaesthetists of Great Britain and Ireland

and

Royal College of Anaesthetists

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Definitions

The times that can be considered to be “out of hours” (OOH) may be defined contractually or by reference to published national standards. In the current Consultant Contracts for England and Wales, OOH is defined by the concept of “premium time”, i.e. that which is outside of 07.00 h – 19.00 h on non-Bank Holiday weekdays. Current and future contract negotiations may change the periods covered by “premium time”. The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) defines OOH as: “any time outside 08.00 to 17.59 on weekdays, and any time on a Saturday or Sunday”. We will simply define OOH work as that done outside of the normal working week.

Emergency work

Anaesthetic services delivered OOH are key to the provision of emergency care. Anaesthetists will reasonably be expected to provide OOH cover for cases that come under the NCEPOD Classification of Intervention as being “Immediate” or “Urgent”. Following clinical assessment, those cases classified as being “Expedited” or “Elective” need not be done OOH. Immediate or urgent cases should be prioritised over routine / elective care at all times.

Drivers for increased OOH activity

The NHS has always operated a 7 day service for patients requiring emergency admissions and surgery. There is current pressure towards a “7-day NHS” based on the information that some patients admitted to hospitals at the weekend have worse outcomes compared with those admitted during the working week. It seems likely that more consultants will be required to be present in hospitals at the weekend, along with support services. In some units it may be inevitable that the increased workload combined with sicker patients with increased co-morbidity will require Consultant Anaesthetists to be in-hospital providing resident shifts during part of the OOH period. The AAGBI and RCOA support measures to improve patient safety and quality of care but note that this will have a significant impact on Anaesthesia workforce. It has been suggested that with increased support services, it would be safe to perform elective operating lists at the weekend, and the principle of elective work OOH in the form of ‘Waiting List Initiatives’ is well established. Standards and operating procedures developed to make patient care as safe as possible during normal working hours would be maintained for any elective care taking place out of hours. This should not be seen as a solution to the failure to carry out this work successfully in normal hours during the week. An increasing emergency workload and pressure on beds will increase the demand for daily trauma and emergency lists to expedite surgery and speed patient throughput. Extending planned surgery throughout the week could enable existing operating theatres to be used for more hours than at present, although it must be noted that over 70% of theatre running costs relate to staff, drugs and disposables (information available on line from Information Services Division, NHS Scotland).

The risks of OOH working

Different risks are posed by OOH working in the evening and overnight to working daytimes at weekends. There are physiological differences between working during the day, and in the evenings or at night and these differences cannot be fully mitigated. This must be taken into consideration when OOH working is considered¹. Studies have shown that human beings do not adapt despite prolonged exposure to night work². Working in the evening or night especially after having worked during the day may lead to significant fatigue, as may work at weekends after a full working week³. A further factor in fatigue experienced by anaesthetists is sleep disturbance caused by shifts and irregular patterns of work. Fatigue is associated with an increased incidence of critical incidents and thus has a direct impact on patient safety⁴. There are significant additional risks in OOH working that should be mitigated by limiting night-time work to that which is clinically necessary and adjusting working patterns and arrangements to minimise fatigue. Onsite facilities that help mitigate the effects of fatigue, such as the timely availability of healthy foods and appropriate areas for rest, are important to the delivery of safe OOH care.

Patient considerations

Patients should receive appropriate treatment to national standards of care from competent and fit-for-work clinicians in a timely fashion. However, there must be a balance between the need for speed with which urgent and expedited surgery is performed in order to minimise the pain and anxiety, and the need to maintain standards of safety if the provision of OOH is increased. Patient safety must always be prioritised over patient convenience.

Considerations for anaesthetists

The implementation of the Working Time Regulations (WTR) means that trainees no longer work excessive hours, although the shift patterns worked by the substantial majority do lead to fatigue². Decreases in trainee hours and overall numbers as well as an increasingly elderly population with greater co-morbidities mean that career grade doctors, i.e. Consultants and Specialty Doctors, are doing an increasing proportion of OOH work. As career grade doctors can derogate from WTR, there is a risk that pressure may be exerted to increase both the amount of work performed and the proportion of work that is done OOH, and the current government has signalled its intention to look again at the application of WTR to trainees⁵. The ability to recover from sleep deprivation deteriorates with age, and particular attention should be paid to the impact of excessive or irregular working hours on the older anaesthetist. It is essential that all anaesthetists are aware of the potential impact of fatigue on their cognitive ability and ensure they are well rested before treating patients³. Careful planning is required so that patient risk is not increased as a result of fatigue. Specialties that conduct larger proportions of their clinical activity OOH may experience problems in recruitment and retention.

Principles and recommendations

Emergency OOH work has always been a fundamental part of the work of anaesthetists. OOH services should be planned carefully in order to deliver high quality patient care. The extension of planned and elective clinical activities into periods outside of the normal working week carries with it patient safety risks and must only happen with careful planning. The provision, capacity and quality of support services must be provided to the same degree as those in normal working hours, making due allowance for human factors. Extended work should not drain resources from other clinical areas

The conduct of planned OOH operating sessions is a matter for local discussion and agreement. The AAGBI and RCoA are agreed that the following issues must be considered:

- Planned OOH sessions during which expedited or elective cases are performed must have the same levels of pre and post-operative ward staffing, consultant supervision and training, diagnostic and laboratory services, support services and critical care facilities as sessions done during working hours.
- Start and finish times of elective operating sessions that extend into OOH periods must take into account human performance factors.
- In the interests of providing the highest quality service to patients, appropriate compensatory rest must be taken particularly after a prolonged duty period and rest should be taken at the earliest possible opportunity.
- Theatre sessions should be fully staffed with cover for contracted breaks. If sessions extend beyond normal working hours, there should be provision for additional support and breaks.
- Anaesthetists should only provide cover for elective surgery for more than 12 hours in any 24-hour period in exceptional circumstances. Travel times should be taken into consideration.
- Only immediate or urgent procedures should be conducted at night (after 21.00hrs).
- Special consideration should be given to the very young, the very old and the clinically unstable patient who should be operated on during the day where possible.
- There must always be sufficient backup and additional facilities to deal with any life or limb threatening emergency without delay.
- Recovery units should be scheduled to be sufficiently staffed so that all elective cases admitted may be fully recovered and transferred to the ward without interfering with the urgent/emergency workload.
- Anaesthesia and surgery should not commence unless all the necessary arrangements are in place for the complete perioperative patient care pathway.
- Audit of the outcome and productivity of OOH operating sessions must be conducted and compared with comparable sessions done within normal working hours.
- Extending elective/expedited surgery into OOH periods will demand more financial and human resources if patient safety is to be maintained. Clinical Directors of Departments of Anaesthesia must work with clinical governance systems within hospitals to ensure that patient safety is put first and is not compromised.

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