Welcome to the

Working Time Directive communications toolkit

This toolkit has been prepared jointly by the Department of Health and the NHS Modernisation Agency to support communications leads throughout the NHS. Its aim is to help you develop your communications with staff, patients and the public about the European Working Time Directive (WTD) and about some of the changes in roles and ways of working which will need to happen to facilitate compliance.

The toolkit offers an overview of the WTD, detailed information on the experiences of the WTD pilot sites and other resources including research findings to help you shape your own communications activities and materials.

Viewing tip:
The toolkit has been produced in PDF format and is designed to be used on screen where you can click between the different sections and link to other related material on the web. For maximum clarity – go to the top of your Adobe Reader screen, select the 'window' option and then select 'full screen view' from the drop-down menu.

Printing tip:
PDF is a printer-friendly format so you can easily print the toolkit for reading off-line.

Enter toolkit here

WTD overview
Key messages
Approaches to WTD compliance
The 'Hospital at Night' project
Case studies
Communicating with patients & public
Q&As
Contacts & useful links

From August 2004, doctors in training should be working an average of no more than 58 hours a week

Working Time Directive overview

The Working Time Regulations are embodied in UK Health and Safety legislation which enacts the European Working Time Directive (EWTD). The regulations already apply to most UK employees. One of the few exceptions has been doctors in training, but that will change from August 2004.

From August 2004, doctors in training should be working an average of no more than 58 hours a week. By August 2009, this is reduced to 48 hours a week. There are also specific rest provisions that must be met, including:

- 11 hours' continuous rest in every 24-hour period
- a minimum 20-minute break when a shift exceeds 6 hours
- a minimum 24-hour rest in every 7 days or minimum 48-hour rest in every 14 days.

The New Deal for junior doctors is already in place and sets a contractual limit of 56 hours' work per week from August 2003. Under the New Deal, doctors can be on duty for up to 72 hours a week, providing their hours of actual work do not exceed 56. However, two rulings in the European Court of Justice (SiMAP and Jaeger) mean that time spent resident on call by doctors must be regarded as working time, even if the doctor is resting. Current working patterns for residents on call will generally not be compatible with the Working Time Directive.

In order to achieve compliant working patterns for junior doctors, the NHS is being encouraged to:

- make effective use of the planned growth in the medical workforce
- use more cross-cover between specialities, and fewer tiers of cover to reduce the number of out-of-hours rotas staffed by junior doctors
- use non-medical practitioners more effectively
- improve team working and redesign working patterns for staff
- develop new service models that support improved patient care and local access to services, while delivering WTD compliance.

The 20 WTD pilot projects, set up by the Department of Health in 2002 and managed by the NHS Modernisation Agency, were designed to test these changes and evaluate their impact on both WTD compliance and the quality of patient care. See **Approaches to WTD compliance** for more details.

Welcome
Back to start
Close toolkit
WTD overview
Key messages
Approaches to WTD compliance
The 'Hospital at Night' project
Case studies
Communicating with patients & public
Q&As
Contacts & useful links

The key principle for compliance will be to redesign how services are provided

Sharing the key messages on WTD

- Working Time Directive (WTD) compliance is achievable - some places have already done it. But we recognise that a small number of specialties and certain types of organisation will have particular challenges in meeting the August deadline
- support is available for those parts of the NHS which, because of their size or location, are struggling to achieve compliance by August
- professional organisations, government and NHS staff are working together to ensure effective solutions which benefit both patients and staff
- the key principle for compliance will be to redesign how services are provided
- WTD compliance – as part of the wider work on service redesign - is ensuring patients receive fast, efficient treatment by appropriately skilled staff in appropriate settings
- solutions to the challenges presented by the WTD need to be identified by looking at the whole health system locally. For example, providing enhanced services in primary care, maximising the potential of Treatment Centres and encouraging appropriate use of services such as minor injuries units
- any changes to the way services are delivered must be made with the full involvement of patients and in the context of 'Keeping it Local'
- the WTD is not a threat – where organisations have already moved successfully towards compliance, it has encouraged greater flexibility and more innovative thinking
- successful implementation will ensure doctors are not tired. It will enhance other measures already being taken to improve safety and quality of care
- more money is coming into the system than ever before – that goes hand in hand with changes to the way the system works
- there is no single 'one size fits all' solution – health economies will identify what works best locally

Welcome
Back to start
Close toolkit
WTD overview
Key messages
Approaches to WTD compliance
The 'Hospital at Night' project
Case studies
Communicating with patients & public
Q&As
Contacts & useful links

By February 2004 ten pilots had achieved WTD compliance for junior doctors

WTD pilots: what they're testing and achieving

There are 20 pilot projects, each testing approaches to achieving WTD compliance for doctors in training.

The pilots are taking place in a variety of clinical services, including medicine, general surgery, A&E, orthopaedics, cardio-thoracic surgery and cardiac intensive care, mental health and elderly care. There is also a pilot testing new ways of working in anaesthesia that covers five different NHS trusts. It will result in a national curriculum, developed with the Royal College of Anaesthetists and the NHS University, for training non-medical practitioners to work in the anaesthetic team. The pilots started in 2002, and most finish in 2004.

The pilot projects are testing three different approaches to achieving WTD compliance for junior doctors:

- Rota redesign – changing the working patterns of junior doctors, consultants, other medical staff and nurses
- Role redesign – introducing roles such as medical emergency assistants; perioperative specialist practitioners, (associate) mental health practitioners and surgical assistants
- Redesign of services – introducing changes such as a consultant-staffed helpline for GPs in A&E to reduce admissions; medical emergency assistants to undertake ward work following admissions; nurse-led services; new admissions units to centralise work on assessing; and 'point of care' testing to speed up diagnosis and treatment decisions.

Most pilots are testing more than one approach. Changes to one part of a service – such as rotas – often lead to changes in the roles of other staff and the way the service is delivered.

The pilot projects have demonstrated a range of successful outcomes.
Nine of the pilots had finished their work by June 2004. Others, though not yet finished, have already achieved significant outcomes. To date:

- 12 pilots have achieved WTD compliance for junior doctors in the pilot area

...continued

Welcome
Back to start
Close toolkit
WTD overview
Key messages
Approaches to WTD compliance
The 'Hospital at Night' project
Case studies
Communicating with patients & public
Q&As
Contacts & useful links

By February 2004 ten pilots had achieved WTD compliance for junior doctors

WTD pilots: what they're testing and achieving

- 13 pilots have saved significant amounts of time for junior doctors than can contribute to compliant solutions
- 8 pilots have demonstrated measurable improvements to patient care as a result of changes made through the pilot.

Full details of the pilots are available on the Modernisation Agency website at **www.modern.nhs.uk/workingtime**

Successful Outcomes cont'd:
These included faster access to medicines; better recording of medicines on drug charts; quicker diagnosis; fewer cancelled clinics and operations; shorter waiting times for appointments, operations, x-rays and transfer to ward from A&E; shorter hospital stays; and earlier discharge.

The pilot programme is entering its final months, with three pilots finishing by April 2004, eight finishing by August 2004, and the rest finishing in late 2004 or early 2005.

See **Case studies** for more detail on what is happening at specific pilot sites. For a full list of the WTD pilots see **The Modernisation Agency's Working Time** web pages

Welcome
Back to start
Close toolkit
WTD overview
Key messages
Approaches to WTD compliance
The 'Hospital at Night' project
Case studies
Communicating with patients & public
Q&As
Contacts & useful links

The concept is one of a multidisciplinary team providing cover across the whole hospital during the night

OOH cover defined by competency not grade

The Hospital at Night project is being led by The Modernisation Agency and aims to redefine how medical cover is provided in hospitals during the out-of-hours period. The concept is one of a multidisciplinary team providing cover across the whole hospital during the night. The approach requires a move away from cover requirements that are defined by professional demarcation and grade, towards cover defined by competency.

A key element of the Hospital at Night strategy is to minimise the out-of-hours workload through changes to daytime and evening practice.

Changes in who does the work and when should be evidence based. This approach is being tested in a number of pilot sites.

How the Hospital at Night team will work:

In future, hospital cover at nights and weekends is likely to be provided through teams of health professionals with the appropriate skills and experience to cover all clinical needs - though arrangements may differ in ITU, paediatrics and obstetrics. Members of the team will work to agreed protocols and will have to demonstrate particular competencies, whatever their professional background. The team will be able to manage all immediately-necessary interventions and have the capacity to call in specialist expertise from close at hand.

The project:

The project has involved the collection of a large amount of data about what happens in hospitals during the out-of-hours period and how they are handled. Alongside thorough analysis of the data, the project team has worked closely with stakeholders to ensure informed professional input to advise on best practice, minimum competencies and new models of working. This is being followed by robust evaluation and feedback to the NHS.

Preliminary indications are that the team-based approach is welcomed by staff and also benefits patient outcomes.

The project is aiming to establish core principles and approaches to staffing the hospital at night which are endorsed by the Royal Colleges and other professional bodies. The Academy of Royal Colleges and the BMA are part of the professional steering group for the project.

Welcome
Back to start
Close toolkit
WTD overview
Key messages
Approaches to WTD compliance
The 'Hospital at Night' project
Case studies
Communicating with patients & public
Q&As
Contacts & useful links

The concept is one of a multidisciplinary team providing cover across the whole hospital during the night

OOH cover defined by competency not grade

The project cont'd:
Another important aim is to identify a number of solutions or models which trusts might adopt, and develop a methodology which trusts can use to redesign out-of-hours cover which is WTD compliant.

Advantages of the new approach:
Current working practices - long anti-social shifts worked by comparatively junior staff - can result in errors that threaten patient safety. These practices also consume a significant proportion of scarce medical staff capacity at a time when clinical activity is lowest.

The new approach should lead to improvements in the timeliness and quality of patient care. It should help trusts make best use of scarce clinical resources available at night, while also supporting them in achieving WTD compliance.

The quality of clinical training and supervision for staff working shifts is also expected to improve.

How the Hospital at Night project can help specialist services achieve WTD compliance:
The project has gathered data from two teaching hospital sites offering significant levels of specialist services. The data has demonstrated that most highly-specialist services have very small levels of specialist activity after 9pm. This would suggest, with appropriate specialist nursing cover on site, many highly-specialist services should not need to keep junior medical staff resident during the night.

Although the success of this approach will depend on the individual hospital's activity, the Hospital at Night methodology provides a valuable way for trusts to determine the level of cover needed.

Where the project is at now:
Initial data was gathered by the pilot sites in June 2003. Pilots began implementing new night-time models during Autumn 2003. A preliminary evaluation is underway and final evaluation will take place in October 2004. For more information visit:
www.modern.nhs.uk/hospitalatnight

Welcome
Back to start
Close toolkit
WTD overview
Key messages
Approaches to WTD compliance
The 'Hospital at Night' project
Case studies
Communicating with patients & public
Q&As
Contacts & useful links

The new roles have saved almost 35 hours per week of junior doctor time

New roles in pharmacy support WTD

Basildon & Thurrock University Hospitals are reducing the workload of junior doctors by appointing pharmacy technicians to manage patient medicines. The technicians document medicines history for all adult patients on admission, and manage medicines from admission through to discharge.

Julia Keating, Principal Pharmacist at the trust, says, "Junior doctors were spending significant amounts of time obtaining and documenting drug histories on admission, prescribing drugs on admission, transcribing prescriptions during a patient's stay and preparing medicines information at discharge.

"The trust felt these tasks could be completed by non-medical staff while at the same time improving the accuracy of drug documentation."

The trust appointed a Principal Pharmacist in Clinical Development and developed an in-house training programme on medicines management for pharmacy technicians. This has enabled technicians to achieve competencies in a number of tasks previously completed by junior doctors.

Results so far from the pilot have been promising and have shown both a saving in junior doctors' hours and an improvement in the accuracy of drug documentation.

"The new roles have saved almost 35 hours per week of junior doctor time – time that was previously spent on drug documentation tasks," adds Julia.

"The accuracy of rewritten drug charts has improved significantly, with only 4% of charts requiring pharmacist intervention when they have been completed by pharmacy technicians - a drop of 43% from when they were completed by junior doctors."

Contact Julia Keating at:
julia.keating@btuh.nhs.uk

Welcome
Back to start
Close toolkit
WTD overview
Key messages
Approaches to WTD compliance
The 'Hospital at Night' project
Case studies
Communicating with patients & public
Q&As
Contacts & useful links

We don't have the staff resources to achieve the ultimate target of a 48-hour week for junior doctors without a radical change in the way that the hospital functions out of hours

WTD compliance in a small district general hospital

Due to its size and location, **Northern Devon Healthcare** has faced very different challenges to the other Working Time Directive (WTD) pilot sites. The hospital is situated in a rural area and has 345 in-patient beds serving a population of 150,000.

Donna Knight, Project Manager for the pilot explains: "We looked at cross-cover at night between surgery and medicine, but the different activity levels out-of-hours meant this was not feasible." Instead, the trust looked at changing the rotas worked by PRHOs and SHOs in medicine to a full shift pattern. This has resulted in the trust achieving WTD compliance ahead of the August 2004 deadline.

Throughout the trust, directorates are now reviewing their working arrangements and exploring different ways to address WTD compliance. But there's still a lot of work to be done to achieve full compliance trust-wide.

"Through the pilot we have been able to move to a 24-hour medical assessment unit (MAU) with integrated working between medical and nursing staff and improved patient care," adds Donna.

"But, although we have improved ways of working and started to reduce junior doctors hours, it's become clear that we don't have the staff resources to achieve the ultimate target of a 48-hour week for junior doctors without a radical change in the way that the hospital functions out of hours."

The trust has now set up a steering group led by the Chief Executive to examine the 'Hospital at Night' approach to achieving WTD compliance.

See the **'Hospital at Night' section** of this toolkit for more details.

Contact Donna Knight at:
donna.knight@ndevon.swest.nhs.uk

Trauma Nurse Practitioners are reducing workloads and having a significant impact on trolley times

Two new roles in surgery

For **Kettering General Hospital Trust**, one of the 20 Working Time Directive pilot sites, reducing hours for junior doctors has meant exploring two new innovative practitioner roles in surgery.

First to be developed was the role of Trauma Nurse Practitioner within the Trauma and Orthopaedic Directorate. Starting in April 2003, the new nurse practitioners initially focused on patients with fractured necks or femurs.

Maintaining close links with the accident and emergency department, the practitioner's role is to administer pain relief under a patient group directive and arrange any necessary further tests.

Once the patient is stabilised, the practitioner facilitates their transfer to the trauma assessment area. This is not only reducing workloads for medical staff but is also having a significant impact on trolley times.

The service is governed by fixed protocols and underpinned by a thorough operational policy. Additional benefits of the role include:

- improved communication over planned care
- fast-tracking of patients to the trauma unit
- senior trauma nurse expertise for ward-based staff.

The second role developed by the trust is First Assistant in general and orthopaedic theatres. The First Assistant covers a 24-hour period, Monday to Friday. They have developed new skills in skin closures and male catheterisation. Each first assistant has an assigned consultant mentor and must complete a competency pack for the role.

Once the role has been established in general and orthopaedic theatres, the long-term plan is to extend the service to other specialties by training more nurses and operating department practitioners in the role.

Introducing the new roles has meant close co-operation with the surgical teams to ensure that junior doctors' training needs in theatres are met.

ContactClare Beattie at:
clare.beattie@kgh.nhs.uk

Welcome
Back to start
Close toolkit
WTD overview
Key messages
Approaches to WTD compliance
The 'Hospital at Night' project
Case studies
Communicating with patients & public
Q&As
Contacts & useful links

The Night Nurse Practitioners have gained a high level of credibility with patients and colleagues

Supporting patients at night

City Hospitals Sunderland Trust has adopted a broad organisational approach to implementing the Working Time Directive.

The trusts was faced with a significant number of doctors working well over 56 hours per week, and with work intensity requiring band 3 payments. Their solution involved replacing the role of the most junior medical staff with Night Nurse Practitioners.

This team of experienced nurses works across specialties and is the first point of contact for all medical enquiries regarding in-patients between midnight and 8am.

The trust already had considerable experience of senior nursing staff undertaking extended responsibilities in a variety of clinical environments, including clinical nurse specialists and nurse consultants. These initiatives had been successful and the employment of six Night Nurse Practitioners (NNPs) was considered the best option in meeting the objectives of the pilot.

Role preparation and support for the NNPs proved crucial. These practitioners would work beyond conventional nursing boundaries in busy clinical environments where high-quality clinical decision-making would be essential. A clinical skills programme, a competence-based assessment and the incorporation of a clinical and nursing supervision framework have all been important factors in setting up the role.

The NNPs have gained a high level of credibility with patients and colleagues. Overall they have been welcomed by junior doctors and the role has helped to identify different ways of working for doctors. The introduction of NNPs has also allowed the junior doctors to become more involved in complex cases, enhancing their training opportunities.

Now the trust is looking at ways of improving how NNPs are prepared for their new role and identifying better opportunities for their ongoing development.

Contact Kirsty Murray at:
kirtsy.beattie@chs.northy.nhs.uk

Welcome | Back to start | Close toolkit

WTD overview

Key messages

Approaches to WTD compliance

The 'Hospital at Night' project

Case studies

Communicating with patients & public

Q&As

Contacts & useful links

Medical Assistants are saving around eight hours of junior doctor time in a 16-hour weekday period

Working to support SpRs

Winchester and Eastleigh Healthcare Trust is an acute trust in Hampshire supporting a population of 240,000. In order to implement the Working Time Directive for SpRs in medicine and elderly care, the trust decided to explore different ways of working for consultants and nurses.

Jayne Turnbull, Programme Director for Modernisation for the trust says: "To achieve WTD compliance by August 2004, it was essential to look beyond merely changing the rotas of the SpRs. We had to look at ways in which existing staff could work differently and new roles could be implemented to meet WTD requirements and improve patient care."

In November 2003 the trust introduced the role of Medical Assistant to support the junior doctors in medicine, assisting them in their clinical work - particularly their acute and emergency work. Medical Assistants carry out a variety of tasks including cannulation, ECG and venepuncture.

Another new role introduced by the WTD pilot is the Cardiac Nurse Practitioners. These practitioners work mainly in A&E providing assessment and initial treatment of cardiac patients presenting with acute chest pain.

The role involves diagnosis of patients suffering acute myocardial infarction. Following the agreement of trust procedures, the aim is also to include the prescription and administration of thrombolytic therapy.

The trust has also introduced a clinical pharmacy service to the medical assessment unit (MAU) where pharmaists assist with accurate medication history taking, post-take ward rounds, undertake medication reviews and improve communication with patients and GPs. Two pharmacists provide the service on weekdays from 8am to 7pm.

The trust has already seen significant achievements through the pilot:

- Medical Assistants are saving around eight hours of junior doctor time in a 16-hour weekday period
- Cardiac Nurse Practitioners are completing 70 hours of work in a week with cardiac patients in A&E which would previously have been completed by junior doctors
- a survey with the SpRs estimates that the new ways of working with pharmacy staff saves them approximately 24 hours each week.

Contact Jayne Turnbull at:
jayne.turnbull@weht.swest.nhs.uk

Welcome
Back to start
Close toolkit
WTD overview
Key messages
Approaches to WTD compliance
The 'Hospital at Night' project
Case studies
Communicating with patients & public
Q&As
Contacts & useful links

The trust was looking for ways of enhancing quality, not just quantity, in the service it provides

WTD impacts on consultants too

Gloucestershire Royal Hospital has successfully developed 48-hour rotas and shifts for its trainees in obstetrics and gynaecology, which are compliant with the Working Time Directive and the New Deal.

However, progress here has had a knock-on effect for consultant staff who are working a 1 in 6 on-call rota. Although the 48-hour average working week is not being exceeded, the requirements for rest periods are not being met. The position has been compounded by the restriction on SpR numbers in the specialty in recent years; the increasing requirements of training programmes; and the gradual diminution in trainee experience, resulting in increasing demands on consultants.

A number of alternatives were considered to bring the consultant jobs into compliance, but all would have a major impact in reducing clinical activity by up to 20%. The trust was looking for ways of enhancing quality, not just quantity, in the service it provides.

The trust carried out a study to evaluate the effect of an additional consultant working within one of the three consultant teams in the department.

The study focused on clinical activity, direct consultant involvement in the acute aspects of patient care and the training and supervision of trainees. In addition it looked at the acceptability of a new pattern of working which included being resident on duty at nights and weekends.

Comparing activity with the same team last year and other teams in the department over both years showed that, as well as ensuring WTD compliance for the consultants in the pilot team, there has been a dramatic reduction in the number of outpatient clinics reduced, cancelled or held without direct consultant supervision.

This has had an important effect on clinical activity. In addition, there has been a significant increase in the direct supervision of trainees - both in elective and out-of-hours areas – and an increase in the number of patients seeing a consultant.

The changes have been well received by trainees, nursing and midwifery staff as well as the consultants themselves.

Contact Mr Mike Read at:
mike.read@gloucr-tr.swest.nhs.uk

Welcome
Back to start
Close toolkit
WTD overview
Key messages
Approaches to WTD compliance
The 'Hospital at Night' project
Case studies
Communicating with patients & public
Q&As
Contacts & useful links

Respondents saw the reduction in doctors' hours as obviously beneficial for patients

Gauging patient reaction to WTD

The Department of Health commissioned a programme of qualitative research to find out more about how aware patients and the public are about the Working Time Directive (WTD), and to identify the best ways of engaging them in WTD implementation issues at national and local level.

Twelve focus groups were set up and 12 in-depth, face-to- face interviews were carried out across the country, covering the general public, prospective patients waiting for treatment and regular users of out-of-hours and emergency services. The following is a summary of the findings. You may find it useful in helping to shape your own WTD communications activities with patients and the public.

Summary

Awareness of current change within the NHS was very poor and none of the respondents had any understanding of new services or initiatives to promote quality of care, such as the new primary care contracts.

However, reactions to the WTD information and the scenarios presented were generally positive:

- respondents saw the reduction in doctors' hours as obviously beneficial for patients
- the idea of nurses taking a more high-profile clinical role was seen as logical and sensible
- flexible, team-based working was also seen as sensible and efficient – indeed, some respondents believed that the proposed changes would mean more resources for patients and speedier treatment
- using new facilities and equipment, as well as on-the-spot procedures, was seen as modern and forward-looking.

Points of sensitivity

Although the research indicated that the public would not be disturbed by new working arrangements intended to give a range of staff more flexibility, there were some points of sensitivity:

- new roles for nurses need explanation and clarification – reassurance is required about their training and specialist knowledge
- the possible absence of specialist doctors in key areas (such as paediatrics and A&E) needs careful management – otherwise an obvious reduction in care quality will be assumed

Welcome
Back to start
Close toolkit
WTD overview
Key messages
Approaches to WTD compliance
The 'Hospital at Night' project
Case studies
Communicating with patients & public
Q&As
Contacts & useful links

Respondents saw the reduction in doctors' hours as obviously beneficial for patients

Gauging patient reaction to WTD

Points of sensitivity cont'd

- care should be taken to ensure the changes are not seen to be about saving money or compensating for staff shortages by downgrading from expensive doctors to cheaper nursing staff
- procedural changes to follow-up care and travel time for on-call doctors also aroused concern.

Conclusions

The conclusions about the approach to communications suggest there should be:

- a local focus – talking about patients' own GP practices and hospitals
- a rational message about necessary re-organisation – emphasising that better working arrangements will mean that all staff are now working to their full potential for the benefit of patients
- a particular focus on promoting the new roles of nurses
- a partnership between the NHS and patients, with the NHS seeking to tailor care for local needs and listening to the local population.

Key messages - the most positively received `ideas' were:

- providing the services needed locally
- listening to patients
- providing care to suit patients
- a flexible workforce
- getting the most out of resources.

The most poorly received messages were the ones that either:

- stated the WTD changes very plainly
- or emphasised aspects of NHS care that the public assume should be provided as a matter of course - a safe service, care for everyone and a modern workforce for instance.

Overall, the research shows that communications regarding the NHS and the WTD should be relatively low-key, but reassuring. Providing that key uncertainties are tackled, including those around nurses and specialist care, then the likely changes can be presented as broadly positive. Respondents spontaneously assumed that a better service would result from the removal of over-tired hospital doctors. They were reassured by the fact that staff will have the necessary skills, training and experience to work differently and by the continued presence of doctors in key care areas.

Welcome
Back to start
Close toolkit
WTD overview
Key messages
Approaches to WTD compliance
The 'Hospital at Night' project
Case studies
Communicating with patients & public
Q&As
Contacts & useful links

The lessons learned through the WTD pilot sites will help other trusts manage change more quickly and effectively

WTD questions and answers

Q: What new roles can be used to help reduce junior doctors' hours?
A: To determine which roles could help to reduce workload intensity of junior doctors, we recommend that an analysis of junior doctors' workloads is completed first. This will identify the tasks they are undertaking that could be carried out by other staff groups, and ways in which working practices could be improved. For example, bleep policies can be beneficial in helping to control the workload of junior doctors, and tasks such as taking drug histories may be able to be completed in part by pharmacy staff. The Hospital at Night data collection tool can be used to record the work of junior doctors accurately. See: **www.modern.nhs.uk/hospitalatnight**

Q: How can the pilot projects help us?
A: The lessons learned through the WTD pilot sites will help other trusts manage change more quickly and effectively. The pilots have produced a wide range of protocols, rotas, job descriptions, monitoring and audit tools and other resources, all of which are available in an extensive 'resource library' at: **www.modern.nhs.uk/workingtime/resources.**
The website also has regularly updated progress reports from each site, and will have the final evaluation of each pilot as it finishes.

Q: Are the pilot projects having any success in achieving WTD compliance?
A: Yes. Ten of the sites had already achieved compliance in the pilot area by January 2004. Ten have demonstrated savings in junior doctors' time that could contribute to new working patterns, enabling compliance to be achieved.

Q: Is this being achieved at the cost of missing other targets, or down-grading patient care?
A: The Gloucester pilot has demonstrated that the trust can achieve WTD compliance for junior doctors while reducing waiting times for outpatient appointments, reducing cancelled operations and reducing waiting time for operations. The Kettering pilot has reduced time from arrival in A&E to admission to the ward for patients with fractured neck or femur by 60%, and time from prescription to administration of painkillers by 80%. The Basildon & Thurrock pilot reduced the need for pharmacist intervention in

Welcome
Back to start
Close toolkit
WTD overview
Key messages
Approaches to WTD compliance
The 'Hospital at Night' project
Case studies
Communicating with patients & public
Q&As
Contacts & useful links

The lessons learned through the WTD pilot sites will help other trusts manage change more quickly and effectively

WTD questions and answers

Q&As cont'd

medicine charts by 43%, to 4% of charts; they have also saved around 35 hours of junior doctors' time per week.
Overall, 8 of the pilot sites have been able to demonstrate improvements to patient care as a result of their project work.

Q: How have the pilot sites involved the public and patients in WTD implementation?

A: Pilots have tried to engage patient groups in change at a strategic level in the trust, for example by having a patient representative on their project steering group. Other methods have included contacting local voluntary organisations, involving the local media, holding special patient and public events and approaching Patient Forums. The Commission for Patient and Public Involvement in Health (CPPIH) also has regional and national offices that can advise.

Q: What measure should we be using to track our level of compliance?

A: You need to be measuring hours actually worked by junior doctors, averaged weekly over the monitoring period, including hours spent resident on call, even if sleeping.
This will be different from your measure of compliance with the New Deal for junior doctors used to decide the banding of a doctor's post. You need to continue to collect that data for your bi-annual returns to the Department of Health.

Q: Can a trust simply ask junior doctors to sign the 'opt out' of the WTD?

A: Op-out waivers are not applicable to doctors in training until 1 August 2004. Opting out of the Working Time Directive is entirely voluntary, so no member of staff can be required or pressured to sign up to it. As a result, it may not be possible to plan service delivery with certainty on the basis of some staff being prepared to opt out. Even if junior doctors opt out, they cannot exceed an average of 56 hours of actual work per week - 72 hours including resident on-call time - as a result of the New Deal.

Q: Will there be any funding in 2004/05 to help with WTD implementation?

A: Yes. SHAs will receive money from the Strategic Change Fund to pump prime work on achieving compliance. This will be allocated at the beginning of the 2004/05 financial year.

Welcome
Back to start
Close toolkit
WTD overview
Key messages
Approaches to WTD compliance
The 'Hospital at Night' project
Case studies
Communicating with patients & public
Q&As
Contacts & useful links

The lessons learned through the WTD pilot sites will help other trusts manage change more quickly and effectively

WTD questions and answers

Q: Is there any help to implement WTD for staff other than doctors?
A: Other NHS staff should have been compliant with WTD since 1998 (see HSC 1998/204 on the **DH website**) – there is no programme in place now for other staff.

Q: Is there a simple guide to what we need to do to help new staff get up to speed?
A: Yes. You can find an action planning framework, with links to all relevant documents and websites, on the **DH website**

You might also like to use the algorithm produced using lessons from the pilot projects. See: **www.modern.nhs.uk/workingtime**

Q: Where can I find the guidance from the Department of Health on WTD?
A: All the guidance issued by the Department can be found on the **DH website**. This includes the original Health Service Circular relating to WTD (HSC 1998/204) and subsequent guidance on making the necessary changes, together with guidance on doctors' working patterns and papers from the Academy of Medical Royal Colleges and the Post Graduate Medical Deans.

For more WTD questions and answers see The Department of Health's **European Working Time Directive pages**

Welcome
Back to start
Close toolkit
WTD overview
Key messages
Approaches to WTD compliance
The 'Hospital at Night' project
Case studies
Communicating with patients & public
Q&As
Contacts & useful links

Contacts and useful links

Contacts:

The Working Time Directive Pilots Programme Team at the Modernisation Agency is providing support to the 20 pilot sites and sharing learning from the programme.

- See the **Modernisation Agency's Working Time web pages** for more information on the team and contact details
- Or email Frances Neate in the WTD office in the first instance on: **frances.neate@doh.gsi.gov.uk**

SHA and Workforce Development WTD contacts:

- Avon, Gloucestershire, Wiltshire SHA. Maurice Hakkak: **maurice.hakkak@agw-wdc.nhs.uk**
- Bedfordshire & Hertfordshire SHA. Gloria Barber: **gloria.barber@bedsandhertswdc.nhs.uk**
- Birmingham & the Black Country SHA. Andrew Snowden: **andrew.snowden@bbcha.nhs.uk**
- Cheshire & Merseyside SHA. Jackie Howard & Steve McManus: **jackie.howard@cmwdc.nhs.uk** **steve.McManus@chma.nhs.uk**
- County Durham & Tees Valley SHA Rob White: **robert.white@cdtv-wdc.nhs.uk.**
- Coventry, Warwickshire, Herefordshire & Worcs SHA. Rachel Hooke **r.hooke@doctors.org.uk**
- Cumbria & Lancashire SHA. Lesley French-Wollen: **lesley.french-wollen@clwdc.nhs.uk**
- Dorset & Somerset SHA. Mark Appleby: **mark.appleby@dsha.nhs.uk**
- Essex SHA. Neil Sellen: **neil.sellen@essexwdc.nhs.uk**
- Greater Manchester SHA. Mike Burgess & Yasmin Ahmed-Little: **m.burgess@gmconfed.org.uk** **y.ahmed-little@gwh.pgmd.man.ac.uk**
- Hampshire & Isle of Wight SHA. Judy Curson & Clare Drake **judy.curson@hants-wdc.co.uk** **clare.drake@porthosp.nhs.uk**
- Kent & Medway SHA. Alison Hill: **alison.hill@nhs.uk**
- Leicestershire, Northants & Rutland SHA. Olivia Frings & Wendy Pearson **olivia.frings@lnrdeanery.nhs.uk** **wendy.pearson@lnrwdc.nhs.uk**

Welcome
Back to start
Close toolkit
WTD overview
Key messages
Approaches to WTD compliance
The 'Hospital at Night' project
Case studies
Communicating with patients & public
Q&As
Contacts & useful links

Contacts and useful links

- Norfolk, Suffolk & Cambridgeshire SHA.
  David Wherrett & Cheryl Thompson
  david.wherrett@nscwdc.nhs.uk
  cheryl.thompson@nscwdc.nhs.uk
- North & East Yorkshire & Nth Lincs SHA.
  Adam Wardle & Helen Smith:
  adam.wardle@neynlwdc.nhs.uk
  helen.smith@neynlwdc.nhs.uk
- North Central London SHA.
  Kevin Wood & Celeste Hyams
  kevin.wood@nclwdc.nhs.uk
  celeste.hyams@nclwdc.nhs.uk
- North East London SHA.
  Simone Lester, Victoria Monaghan
  & Astrid Thomas:
  simone.lester@nelwdc.nhs.uk
  victoria.monaghan@homerton.nhs.uk
  astrid.thomas@newhamhealth.nhs.uk
- North West London SHA.
  Alan Wishart:
  alan.wishart@nwlwdc.nhs.uk
- Northumberland, Tyne & Wear SHA.
  Jill Smth:
  jill.smith3@nhs.net
- Shropshire & Staffordshire SHA.
  Robert Bott:
  robert.bott@sasha.nhs.uk
- South East London SHA.
  Isobel Wroe & Jeff Lynch:
  isobel.wroe@selondon.nhs.uk
  jeff.lynch@selwdc.nhs.uk
- South West London SHA.
  Sue Hitching & Deborah Fuller:
  sue.hitching@swlwdc.nhs.uk
  debbie.fuller@epsom-sthelier.nhs.uk
- South West Peninsula SHA.
  Georgia Jones:
  georgia.jones@dcwdc.nhs.uk
- South West Yorkshire SHA.
  Dr Chris Bentley:
  chris.bentley@sysha.nhs.uk
- Surrey & Sussex SHA.
  David Colley:
  david.colley@sysxha.nhs.uk
- Thames Valley SHA.
  Janet Polson & Sarah Darby:
  janet.polson@tvha.nhs.uk
  sarah.darby@tvha.nhs.uk
- Trent Valley SHA.
  Jane Johnson & Kate Caulfield:
  Jane.johnson@trentconfed.nhs.uk
  kate.caulfield@nottingham.ac.uk
- West Yorkshire SHA.
  Jacky.Doyle & Barbara Willard:
  jacky.doyle@westyorks.nhs.uk
  b.willard@yorkshiredeanery.com

Welcome
Back to start
Close toolkit
WTD overview
Key messages
Approaches to WTD compliance
The 'Hospital at night' project
Case studies
Communicating with patients & public
Q&As
Contacts & useful links

Contacts and useful links

Useful web links:

- See the **Department of Health's European Working Time Directive pages** for guidance and good practice; information about the pilots; and a range of tools for achieving WTD compliance
- **www.modern.nhs.gov.uk/workingtime** for the NHS Modernisation Agency website on the Working Time Directive Pilots Programme, including an extensive resource library
- **www.modern.nhs.uk/cwp**, for the NHS Modernisation Agency website on Changing Workforce Programme
- **www.rcplondon.ac.uk/news/ewtd.asp**, for the Academy of Royal Colleges' agreed statement on the 'Out of Hours Medical Team' (OoHMT)
- **www.modern.nhs.uk/hospitalsatnight**, for NHS Modernisation Agency website on the 'Hospital at Night' Programme
- **www.modern.nhs.uk/esc**, for NHS Modernisation Agency website on the Emergency Services Collaborative
- **www.mmc.nhs.uk** for the Modernising Medical Careers website NHS Modernisation Agency website on Modernising Medical Careers Programme
- You may also find that a number of individual Royal Medical Colleges, such as the Royal College of Surgeons, have published position papers on the WTD on their own websites

Welcome
Back to start
Close toolkit
WTD overview
Key messages
Approaches to WTD compliance
The 'Hospital at night' project
Case studies
Communicating with patients & public
Q&As
Contacts & useful links