

An analysis of patient outcomes during industrial action resulting from the junior doctors' contract dispute 2016: a district general hospital perspective

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Aims

To assess whether there was an increase in length of stay (LOS), in-hospital mortality and 30-day mortality for medical patients admitted during industrial action as a result of the junior doctors' contract dispute in a district general hospital in England.

Methods

Medical admission data from the days of industrial action on 12 January, 10 February, 9–10 March, 6–7 April and 26–27 April 2016 were retrospectively reviewed. These were compared with data from non-strike days collected 1 week after each strike day. Demographic information, LOS (days) and in-hospital mortality were recorded from hospital electronic records. 30-day mortality was determined from hospital electronic records and primary care.

LOS and mortality rates were then compared between strike and non-strike days. A Mann-Whitney U test (two-tailed, alpha 0.05) was used to compare LOS data. A chi-squared test was used to compare in-hospital and 30-day mortality data.

Results

During industrial action, medical outpatient clinics were cancelled (other than urgent cancer clinics) and consultants provided ward cover and managed the acute take. Over 80% of junior doctors in our trust participated in industrial action.

A total of 345 patients were admitted during industrial action (42% male, mean age 64) and 376 during equivalent non-strike days (43% male, mean age 66). Median LOS was 2 days (interquartile range (IQR) 1–8 days) during industrial action and 3 days (IQR 1–9 days) for non-strike admissions ($Z=0.835$, $p=0.40$). The in-hospital mortality rates for strike and non-strike admissions were 4.06% and 7.18% respectively ($X^2=3.27$, $p=0.07$). The 30-day mortality rates for strike and non-strike admissions were 6.09% and 10.1% respectively ($X^2=3.87$, $p=0.049$).

Conclusions

There was no significant difference in LOS for patients admitted on a strike day. In-hospital mortality was lower for those admitted on a strike day, although this was not statistically significant. 30-day mortality was significantly lower for those patients admitted on a strike day; however, the reasons for this cannot be ascertained from this retrospective review.

Our results show that junior doctor industrial action had no negative impact on objective patient-related outcomes in our district general hospital. ■

Conflict of interest statement

None.

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