

1.16.6 Local Population

It is crucial that the OOH service is fully aware of and part of the Staffordshire Health Economy as a whole. Please describe how you will ensure that the service is sufficiently local and is aware of, Demographics, Providers, Services, Geography (Including urban/rural), Developments and Intentions.

(Maximum Word Count 1000)

Words used = 990

1.16.6.1-Ensuring the service is sufficiently local

Having provided the GP-OOH services across Staffordshire for 8 years and through employing many Staffordshire residents within the service, we have built up a suite of information about our patients, their lives, the services in the local health and social care economy and, not least, the geography of North and South Staffordshire.

Factors impacting the provision of GP-OOH services include but are not limited to:

- The rural nature of areas such as Staffordshire Moorlands with predominant white farming communities and presentations of children and 'stoic' elderly as well as an aging population expected to reach 'elderly' in the next 10 years. Farming is also prevalent in rural south east Staffordshire.
- Urban areas with prevalence of ethnic minorities such as the Urdu-speaking Asian population in Stoke centre, which also has notable numbers of children and palliative-care patients.
- The pockets of deprivation impact on patient's ability to reach our centres, requiring us to carefully locate centres that will minimise possible taxi fares. Stoke is among the top 20% of most deprived areas in England and resulting health inequalities impact on presentations in GP-OOH services and can influence likelihood of factors such as safeguarding issues (e.g. neglect) and substance misuse and prevalence of long-term complex health conditions, particularly respiratory conditions. Pre-pandemic, unemployment in the more deprived areas was high, which can further exacerbate financial issues and mental wellbeing.
- South Staffordshire also has some complexity of deprivation and semi-rural areas with transportation challenges, though Polish is the predominant minority language in large 'pockets' in Tamworth and Burton.
- The wealthy areas across the county include patients that the media terms 'worried well'.
- Patterns of mental health issues vary, being higher for example in Cannock & Rugeley than in Lichfield, Tamworth.
- Impacts on GP-OOH are mainly age-related disease/complexity of cases.
- The North also has a significant number of nursing/residential homes, which require home visiting input.

Both north and south Staffordshire have student populations from Keele University and the Staffordshire University healthcare campus who use services when university healthcare is closed. We have also been experiencing home visits for people who have not reported deterioration to GP during the pandemic and are now at end of life without necessary medication or services in place, which leads to lengthy home visits by ANPs or GPs.

Areas such as Tamworth and the Seisdon peninsula also have complexity from patients crossing county borders and a number of acute trusts are also on the borders.

Other aspects of the demographics affecting our services include local attractions such as Alton Towers, Drayton Manner, Trentham Gardens and Trentham Monkey Forest which bring peaks of visitors to the area, but also high numbers of seasonal workers.

a.1)-Prison knowledge

From the existing contract, we are also aware of the varying populations within the Staffordshire prisons. Collaborative working with the in-hours healthcare providers is incredibly important and with great patient sensitivity regarding parity of service with the community. The prisons include virtually all type of prison estate, each of which has differing healthcare needs for example the young men in HMPYOI Brinsford and Werrington have radically different patient profiles to the aging sex offender population in HMP Stafford and to the women in HMP Drake Hall. However, across the prison estate we see significant incidence of self harm, mental-health conditions and undiagnosed learning disability as well as substance misuse and poorly controlled long-term conditions (especially in remand populations).

b)-Local employment

The Stoke-on-Trent and Staffordshire Local Enterprise Partnership has featured the health and social care sector and medical and health care technology in its list of growth sectors in which Vocare will be providing sustainable employment opportunities. We will also be exploring links with Staffordshire University and Keele University, which both have strong links with healthcare.

c)-Local relationships

In addition to bringing knowledge of the patients and local geography, Vocare will bring to the new contract a full set of existing collaborative relationships with system partners across Staffordshire's health and social care economy.

These relationships also include patient and community groups including homeless and migrants/refugees. We have worked with community healthcare providers (e.g. MPFT for district nursing and palliative care and CRIS) and care homes and hospices on pathway optimisation and have links with social services and social prescribing. Our participation in networks such as that with Staffordshire Police for high-intensity users will be valuable for the new contract(s), as well as participation in resilience planning. We have existing pathways with the range of EDs and other urgent-care facilities e.g. WICs.

1.16.6.2-Ensuring the service is aware of local specifics

a)-Helping NHS-111 understand how best to match patients to centre locations

As the existing NHS-111 provider, we will assist WMAS in the transfer of the service to its team with our local knowledge and will add comments where useful to the DOS on the facilities in our centres to help patients given those disposition select the centre most suitable to their needs.

b)-Training in local specifics

Our induction programme includes ensuring both clinical and non-clinical staff are familiarised with local specifics if they are not already familiar as a local resident. Such training will be supported by communications such as newsletters and the compilation/maintenance of the contract's stakeholder map of local providers and patient/community groups and clinical guidelines available showing referral pathways.

c)-Working with the prisons

Any clinicians undertaking prison visits (via our specialist subcontractor, Gables Offender Healthcare), will have undertaken prison-specific inductions, ensuring they are fully familiar with security protocols (and implications for potential referrals to ED), formulary restrictions and common presentations, such as dental pain management where substance misuse no longer masks the pain and claims of having taken overdoses as well as the processes for tasks such as segregation health screens and following use of force/restraint.

The team of local GPs who provide most of the cover for the prison are experienced in offender healthcare from working in the prison via the in-hours provider or in police custody settings.