

## 1.16.12 Case Study 2: Partnership development

Providers must have the ability to develop partnerships and work in an integrated way to ensure an effective patient journey and reduce the number of handovers. Please provide an example of how you have worked in this way, what worked well and what you would do differently.

(Maximum Word Count 1000 words)

Words used = 999 including text boxes

As an experienced urgent-care provider, Vocare understands how fundamental strong, local partnerships are to integrating patient journeys with minimum handovers with improved flow and increased handover effectiveness e.g. ensuring receiving organisations do not require patients to repeat information.

To develop effective partnerships, we collate contract-specific stakeholder maps that identify the roles of those involved in the patient journey before/after our service. We use such information to become visible, active and consistent participants in existing groups/networks.

### 1.16.12.1-Partnerships to integrate effective patient journeys and reduce handovers

Since Vocare has worked in Staffordshire for over eight years, we have established links with community and social-care providers through local forums and engagement events e.g. our Clinical Service Manager (CSM) attends monthly cross-boundary forums with district-nursing teams, palliative-care services, WMAS, local hospices and CRIS teams.

Partnerships include system partners who send us patients (e.g. care homes/hospices) and those to whom we refer e.g. CRIS, district nurses, health visitors.

Local engagement has increased understanding of everyone's services. We have identified opportunities for effective, timely information sharing to resolve issues and clarified service boundaries/limitations to increase appropriate first-time referrals. We will continue to develop engaged relationships across the ICS, including provision of All-Hours care to ensure patient journeys between GP and community services are seamless and consistent irrespective of day/time.

*Participation in the ReSPECT forum has ensured joint policy/processes for North Staffordshire's implementation. We clarified expectations & responsibilities with consistent presence of key people & achieved objectives with system-wide understanding.*

*Our CSM has worked with hospice staff to identify delays for palliative-care patients received from NHS-111 who required face-to-face support from a GP or Advanced Practitioner. As a result, we undertook a clinical navigation pilot to ensure patients, especially palliative-care ones, are directed to the most appropriate clinician, end point (centre visits/home visit) or system partner as quickly as possible while reducing handoffs/touchpoints between services.*

### 1.16.12.2-Partnership example

Following a conversation about a patient in November 2020, the Staffordshire GP-OOH Clinical Services Manager established a monthly OOH Vocare & PCCC forum with the District Nursing Night-Service Manager.

The forum enables collaboration between organisations supporting Staffordshire palliative-care patients. One simple but highly effective solution identified was that district-nursing staff did not know how to access to the OOH service; some were unaware that we can provide emergency end-of-life medications. Through the forum, we shared OOH-service contact numbers for District Nurses to have direct access to clinical support and emergency palliative-care medication when local pharmacies are closed. Support through this pathway has ensured patients receive appropriate care at home and vital, timely pain relief as they neared end-of-life. We are aware that the CCG values this initiative.

**What worked well:** From a relationship built from a single conversation, the forum has become an established and valued mechanism for open discussion, feedback and knowledge sharing. It includes providers from across Staffordshire including both District Nursing teams, MPFT palliative-care nurse consultants, hospice nurses, CRIS, District Nurse PCN lead and WMAS. The strengthened connections have widened the support network, creating positive energy between stakeholders and opportunities for continued development of effective patient journeys.

**What we would do differently:** Despite remarkable success and participant engagement, we are aware that its initial spark was opportune and that is something we want to do differently. We will use the partnerships on this contract to actively seek other opportunities for this kind of forum. We will use the learning from having built this one to grow new ones quickly and surefootedly.

### 1.16.12.3-Expected Lot 1 and 2 partnerships

While fostering existing partnerships, we will develop new ones, especially with the third sector and prisons (South Lot), maximising the prison population's parity of care and addressing reservations about GP-OOH services.

Partnerships will help share best practice, learn from concerns, support new initiatives and better understand community needs and barriers to accessing OOH care. We will:

- Engage with community groups, e.g. DeafVibe, Deaflinks-Staffordshire, Beacon-Staffordshire and Brighter Futures (supporting those with learning disabilities).
- Connect with marginalised, 'easy-to-ignore' communities e.g. non-English speaking, refugees (e.g. Refugee Action), travellers (e.g. Gypsy Roma Traveller Service) and sex workers (Brighter Futures/Yasha).
- Work with care homes (e.g. Avery) and supported-living organisations (e.g. Affinity Trust) to improve service awareness, how/when to contact us and information to have ready.
- Refresh relationships with patient groups such as Healthwatch for joint patient-clinician activities (e.g. 15-Step Challenge) to integrate user perspectives.
- Refresh relationships with adult/child safeguarding professionals and social/health care groups for the revised patient journey e.g. NHS-111 moving to WMAS.

Many partnerships will be the same (albeit with different North/South organisations e.g. hospitals) and some will only apply to one Lot e.g. prisons. Organisations will include:

Primary care	North Staffordshire and Cannock GP Federations and GP First-Stafford
Secondary care	Royal Wolverhampton Trust, University Hospital Derby & Burton, University Hospitals of the North Midlands
Urgent care	Samuel Johnson/Sir Robert Peel/Haywood/Leek MIU/WIC
Third sector	Condition-targeted groups e.g. East Staffordshire & Surrounds Diabetes UK Patient Network Group and needs-based groups e.g. Bumps & Babies/BACT Together (>70s)/Burntwood Be A Friend/Burton Move It or Lose It and those useful for social prescribing.
Social care	Staffordshire Safeguarding Children Board and Staffordshire & Stoke-on-Trent Adult Safeguarding Partnership Board, Looked After Children & Disability Services
Other healthcare	WMAS as NHS-111/CAS and ambulance provider. Local dental practices, especially OOH arrangements. Community pharmacies, e.g. late/overnight options (Lloyd's Pharmacies in Sainsbury in Tamworth and Sutton Coldfield open weekdays till 23:30) and palliative-care pharmacies (Grahams Pharmacy in SOT). Care homes such as NG Healthcare (Trentham), Abbey Court (Cannock), Tree Tops Court (Leek), Park Farm Lodge (Tamworth), Branston Court (Burton). Hospices e.g. Dougie Mac, Katharine House and St Giles for adults and Donna Louise for CYP.
Community and mental-health services	Midlands Partnership NHSFT, for CRIS, district and palliative-care nursing, BeeU, mental-health services, health visitors/school nurses (0-19 Children's Hubs), community learning-disability teams, community children's nursing including constipation clinics and hospital@home
Community organisations	CAB, Healthwatch, Cannock & District Foodbank, Chesterton Foodbank Centre and the British Red Cross, which supports hospital discharges with e.g. heating, food and social/care needs within 24 hours of discharge in Seisdon.