

1.18.4 North Hard to Reach Areas

Given the demographics of the North Locality please demonstrate how you would manage delivering out of hours services to hard to reach/rural areas.

(Maximum Word Count 1000)
Words used = 696

1.18.4.1-Impact of being the current provider

Having provided GP-OOH services in Staffordshire for 8 years, Vocare has a wealth of knowledge, experience and understanding of the demographics and geography of the North localities of Staffordshire. Many of our staff are residents in the area and understand the challenges we face to ensure the whole population has equitable healthcare access.

We have established good working relationships with our provider partners to continually monitor and improve patient access, e.g.:

- Positive relationships with 'in area' district nursing teams and CRIS across county has been established.
- Poor provision of end-of-life medication across county during OOH period has been discussed with establishment of a process for Vocare to support partners to improve the patient pathway.
- Recent contact with the children's community nursing service across the county for mutual support to improve the patient pathway.
- Established relationship with the North Staffordshire deaf community who provided an education session for Vocare staff to improve methods of communication by understanding the specific vocabulary they use.

1.18.4.2-Managing the OOH services in hard-to-reach communities

All groups listed below will need to have robust safeguarding consideration that includes county lines, modern slavery, radicalisation, neglect and abuse.

Hard-to reach area	Impact on service accessibility
Refugee and migrants	These patient are more likely to require face-to-face interaction to access medication if needed as they have no recourse to public funding. They often also require access to language line. We also have experience of working with these patients in our Wolverhampton service.
Homeless	We make referral for homelessness to the local authority – the challenge has always been following up contact and concordance with treatment. We see homeless patients in both Staffordshire and Wolverhampton.
Non-English speaking communities	Interaction requires access to language line. We have significant health information available in the top 5 languages in Staffordshire and e.g. Wolverhampton.

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Hard-to reach area	Impact on service accessibility
Travellers	The challenge for our services with this community is ensuring they follow accepted access processes. We have experience of users being 'worried well' physically but having significant mental health issues that require a longer consultation and careful handling. Literacy can be an issue that we need to consider when sharing information.
Deaf community	These users are more likely to need face-to-face consultation and BSL support. We will be establishing digital solutions on a par with 999 services. Literacy can be an issue and staff need to be aware of vocabulary preferred by the deaf community
Visually impaired	Information sharing must be in a format accessible to the patient
Learning disability	A proportion of these calls will need to be facilitated by a carer and will often need a longer consultation. Literacy can be an issue and needs to be considered when sharing information. Staff need to be aware of apps and documents such as learning disability passports that will help staff understand what matters to the patient and aspects such as how they want to be addressed. Availability of easy read information is also important.
0-19 yrs	Teenage addiction, mental health and pregnancy could be likely and will often need a longer consultation. This group should also be considered carefully for safeguarding concerns such as child sexual exploitation, neglect and honour-based violence.
Vulnerable adults	Mental health, addiction, domestic violence, abuse, modern slavery, elderly, and poor literacy levels will require longer consultations and possible onward referral. Information sharing needs to be considered too. Sex workers are also often vulnerable adults.
Digital poverty	We must not assume that all patients have access to digital devices or the dexterity to use them and therefore we must be mindful when arranging any follow up or information sharing. Staffordshire's rural areas also present connectivity issues as well.

1.18.4.3-Managing delivery of the OOH services in rural areas

Both Moorlands & Rural and Leek & Biddulph PCNs include remote locations with many farming communities. Demand for services is low but they are often acute patients. We will manage delivery using a peripatetic model where moving clinicians to centre and grouping patients where required to enable home visits to urgent patients. Clinicians with enhanced skill sets to cover remote, including video, and face-to-face consultations. We will operate remote bases and provide home visits where needed using more flexible criteria.