

1.18.6 North Demand

How will you flexibly manage demand within the specified treatment centres and opening times, including periods of surge?

(Maximum Word Count 750)

Words used = 694

During Covid-19, the face-to-face element of our service reduced but demand for telephone advice significantly increased. As a IUC, we flexed our workforce to this variation, but this aspect will require strategic planning in the new separated model.

Demand and surge currently remain related to Covid-19 (symptomatic and positive), which is in line with the national outlook.

We operate centres on a peripatetic model where although clinicians are based at the centre, we flex them as needed to support colleagues in other locations and centres or on home visits as required. The benefits of this approach is that we can ensure our clinicians meet the service demands and support system pressures.

1.18.6.1-Managing demand variations in centres

Working hours for the centres will be reviewed in line with activity but fall into main OOH time period providing a 7-day service. Our surge times for demand is predominantly all public holidays and religious festivals. Our supply demands are usually during Ramadan and in school summer holidays.

Our flexible model is based on staff working a tri-role where possible. We would also like an Increased staffing schedule against winter demand (in line with forecasting) and mitigation of the reduced staffing during the summer periods (noting we have not seen our activity drop in 2021).

Haywood: Surges early evening with potential referrals from WIC as there is no GP cover and known surge just before closing times. Additional resilience built into home visiting and telephone consultation around these times to ensure centre clinician can focus on face-to-face activity.

Cheadle: The weekend surges are at beginning of lunchtime shifts, managed by supporting with initial roving clinician as needed around home visits. We will establish the demand variation at Leek through our peripatetic flexible model.

1.18.6.2-Opening times impact

Centre	Weekday	Weekend	Reason
Haywood	1830-2300	0800-2300	Based on activity demand. Cannot run later due to community hospital closing
Staffs House	1830-0800	24/7	Activity, allow to fluctuate demand, a number of clinicians based on surges/HV as needed

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Centre	Weekday	Weekend	Reason
Cheadle		1100-1700	Based on demand of services. Peripatetic service can be adjusted to meet CV/HV demands for the service
Leek		Peripatetic flexible model as required	Leek is the predominant market town within the Staffordshire Moorlands with a large population. It has options to locate within a community hub delivering place-based care

1.18.6.3-Managing surge

Poor access to-in hours primary care drives surge. We also experience higher surge volumes during adverse weather and seasonal illness/outbreak e.g. Flu.

We usually detect this via work with system partners/NHS-111 and being present on system calls to support the greatest area of need. We are also updated on regular OPEL/EMS reporting and our Clinical Leads and operational team alert the wider teams through comms to expect to support during times of surge and escalation.

If we have to enact our business-continuity plans, we ensure notification to our on-call manager and identify if the situation can be managed using existing escalation and workforce.

We follow our action cards and escalate to CCG colleagues and system partners to triangulate information and data. Escalation for major incidents will be as required in line with internal notification process and system-wide response.

In a flu outbreak in a North Staffordshire nursing home over a weekend, ~80 residents required face-to-face assessment, venepuncture and Tamiflu. No other service could support this. We deployed a team to the home to assess patients and manage incident, supported by PHE on-call.

We are already embedded into system tactical response calls and escalation process. Networks we have established across our local area support one another during surge/escalation. We will continue to monitor via these and be part of and/or request system partner support/escalation calls as required to manage patients collectively across ICP/ICS.

We have service business-continuity plans and action cards in place for all locations. We continually update our escalation plans knowing they are in place with triggers across internal resources and business. We are fortunate to be supported by division and Group-wide EPRR plans and have access to 24/7 on-call functions and highly skilled leaders.

Vocare's wider organisation can support through NCAS, although this depends on system limitations. We have ability to use on-call escalation and support of senior operational/clinical managers.