

1.18.7 North Home Visits

How will you flexibly manage surges in demand for home visits, specifically in rural locations, to ensure that the consultation at their residence starts within the specified disposition timeframe.

(Maximum Word Count 750)

Words used = 749

1.18.7.1-Experience

Vocare has been successfully managing home visit demand on its existing Staffordshire-wide contract for 8 years. Over that time, we have reviewed demand patterns and compared them to our other home-visiting services. Patterns in Staffordshire do not widely differ from other areas and are perhaps comparable when corrected for factors such as age, socio-economic profile and multi-morbidity.

Although currently fluid as we exit the pandemic, demand can be categorised into care-home settings, palliative care and unmet needs including acute/chronic illness and long-term physical/social needs. Palliative-care visits, which remain a large proportion, can take up to 90 minutes to complete, along with residential/nursing homes. Most activity is weekends and late evenings.

a)-Productivity factors

Mental health, end-of-life and multi-morbidity are categories where routine home-visit duration can significantly differ. Ambulance response times and distances travelled (especially in rural areas) also affect duration.

Visits into Staffordshire Moorlands take most time due to extensive distances and rurality.

We factor in such variables when configuring rotas and, having being a local provider for so long, we have the capability to meet this demand with contingency plans coupled with operating from rural locations over the core periods for increased local access. Video consultations will also assist in enhancing access.

b)-Skill mix

Creating multiskilled clinical teams has improved ability to meet home-visit demand as more people are on shift. Effective triage (which will be by WMAS NHS-111) and a complete skill matrix mapping help us plan rota with skill mixes to meet expected demand. We have good experience of using Urgent Care Practitioners on home visits (supported by GPs/ANPs) with only a limited pool of tasks they cannot undertake e.g. mental-health assessment and end-of-life medication (though they can see end-of-life patients for acute need e.g. UTIs).

Our multiskilled team operates under a robust clinical-governance system that enables us to deliver efficient and safe care to our patients.

1.18.7.2-Managing demand variations

a)-Staffing

We create rotas with varying skill mix that account for demand variation and foreseeable peaks and are then able to fill those rotas. Historical activity data informs our rotas and shift-pattern plans.

In addition, some staff are on a 'Tri Role' on a shift where they cover remote consultations, home visits and centre visits as needed to support fluctuations.

b)-Clinical prioritisation

We are used to working with a well-established clinical priority system that allocates patient to appropriate priorities based on clinical need. On the new contract, the WMAS NHS-111 service will undertake allocation.

Our Home-Visit Despatchers will manage this disposition's queue, assigning patients to clinicians on shift according to clinical competency, current location and availability. They may also reassign cases where clinicians remain longer than expected with patients or quickly become available. They will have full access to our fleet-management system so will be aware of expected arrival times and issues to keep patients fully informed.

c)-Local relationships

The Vocare team has built collaborative relationships with Staffordshire care homes and GP surgeries that result in bidirectional constructive communication to meet patient needs for home visits. Despite no formal forum for managing high-intensity users, we do identify them and manage them via our Clinical Services Manager working in partnership with GP practices and other services.

d)-Contingency plans

In addition to the above-mentioned 'Tri Role' workforce, other contingencies include shift extensions, recalling off-duty staff, secondment from other contracts and involvement of senior clinical staff.

e)-Equipment

Due to rural locations of some home visits and the adverse winter weather, our fleet includes 4x4 vehicles.

1.18.7.3-Managing surge

Being a large organisation with a national footprint, Vocare can share resources to meet surge beyond that built into local contingency plans. We have a local and a national on-call team with overview of our wider services to identify how we can best manage any surge.

During surges, we can pull resource from our national CAS or other services to take over remote consultations thus releasing local clinicians to deliver home and centre visits.

1.18.7

North Home Visits

Since the pandemic, we experience surges from Covid-19 media stories that trigger NHS-111 surge followed by home-visit surge. In usual times, surge can be triggered by e.g. outbreaks such as scabies in care homes, local festivals and community disturbances.

We manage surges:

- In line with Vocare's EPRR arrangements, rated fully compliant by NHSE & CCG.
- Using proven escalation plans with defined triggers and actions to be taken.
- With support for staff via operational/medical on-call functions 24/7.
- By taking a system approach to partnership working; we are part of the UEC board and system tactical coordination group for health.