

1.18.8 North Integration

The OOH service is expected to integrate with other services which may also include services outside of the North Locality footprint, please describe how you would manage integration following identification for an onward referral to acute services outside of the locality footprint.

(Maximum Word Count 1000)

Words used = 730

1.18.8.1-Stakeholder mapping and relationship building

As the incumbent IUC provider, we are passionate about ensuring the continuity of high-quality integrated services across Staffordshire. Over the past 8 years, we have formed excellent working relationships with stakeholders across our county and region.

The coming together of providers under the same purpose and vision has proven itself during the pandemic. This integration has also been evidenced in times of surge and escalation, where Staffordshire health and social care providers have worked together to meet the needs of the local population.

Our positive relationships with primary care services, acute hospital trust, community trust, social care and third-sector agencies in our locality, support patients to be cared for in the most appropriate place for their needs, and where at all possible, away from an Emergency Department (ED).

Following this procurement, we will work closely with WMAS, as the NHS-111 provider, to refresh the map of stakeholders to enable us to integrate together into the new provider landscape.

Stakeholder mapping is done with the help of local commissioners to identify area boundary and commissioned services within and outside that area. Our Area Operational Director will liaise with local ICS leads to determine the areas and services commissioned. Our Medical and Clinical Directors will review the pathways already in place with internal ICS commissioned services and external ICS preferred providers.

We work effectively with Extended Access, palliative care, mental health services, ED departments and non-NHS stakeholders such as public health and Healthwatch. We have delivered many additional patient pathways in partnership with the system, including pandemic-related services such as the Covid Management Service and 'Hot Sites', and pre-pandemic services such as Acute Visiting Services that positively contribute to delivering healthcare to our local population. We have also partnered with local public health services to manage outbreaks at care homes.

a)-Likely acute services for referrals outside the locality footprint

There may be times where patients need to be referred to services outside of the Staffordshire boundaries; for example when referring a patient with emergency care needs from Seisdon into their closest ED at Wolverhampton acute trust. In all transfers of care, there is a clear clinical handover of information and responsibility to ensure patient safety. There are also disease-specific conditions where there may be specialised care available outside of our locality footprint.

North Staffordshire has a tertiary acute trust at University Hospitals of North Midlands NHS Trust in Stoke, which means most secondary care services required by patients are available within the area. There is ordinarily no need to refer appropriate patients elsewhere unless EPRR processes are in place for severe levels of escalation.

Our services are designed to support the admission-avoidance pathway and we do everything within our power to keep patients in the community and out of secondary care services, unless absolutely necessary. Our Urgent Care Centre at Royal Stoke Hospital provides an added layer of admission avoidance support. We have strong working clinical relationships with our ED colleagues to exchange clinical advice, which supports high-quality patient care.

1.18.8.2-How we will manage integration for a referral to acute services outside the locality

Vocare is a specialist GP-OOH and urgent-care provider, with a remit to manage patients in the community where safe to do so and ensure only appropriate patients attend ED and secondary care. When there is a need for emergency intervention, we will seek to refer to services other than ED, such as SDEC and EPAU. We also use other admission avoidance pathways such as IV therapies through the CRIS or Rapid Response teams and utilise the skill-sets of practitioners and services across Staffordshire. When emergency care is required, patients will be referred to the ED using the DoS, or an alternative handover of clinical care. When an ambulance response is necessary, WMAS will convey to the nearest and most suitable acute service.

Patients are always involved in the clinical decision-making process and enabled to make decisions about their care and any onward referral options available.

All Vocare clinicians record the patient consultation on Adastra, and are trained to use the PaCCS module in Adastra, which allows access to the DoS and direct onward referrals. The Adastra platform also enables electronic prescribing and transfer of patients and clinical details securely between services electronically via ITK.

All out-of-area referrals are reported to the CCG and fed back to the registered GP using post-event messages (PEMs).