

1.18.2 South Equitable Access

When considering the locations for the South locality face to face centres, what approach will you use to determine the sites to ensure equitable access for all patients?

Please provide a detailed rationale as to why these sites are proposed, your response should take into consideration the geographical challenges of the South Locality local health economy and include such things as access to public transport, demand and patient demographics.

(Maximum Word Count 1500)

Words used = 842

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1.18.2.1-Aspects we considered in selecting locations with equitable access

As the incumbent provider, Vocare already operates four Centres in the South Lot as shown in Figure 1. We will be adding pharmacy-based video consultation site in Seisdon.

As part of the tender preparation and in view of the geographical scope changing, we reviewed the suitability of each of our locations, ensuring we considered their ability to aid equitable access. Influencing factors included:

- Activity demand from information provided and supported by local knowledge and prior experience.
- Based on location of calls, using heat maps to target optimum face-to-face locations.
- Town and city based locations ensuring access via public transport.
- Rural locations including car parking as public transport is less likely, especially in the OOH period.

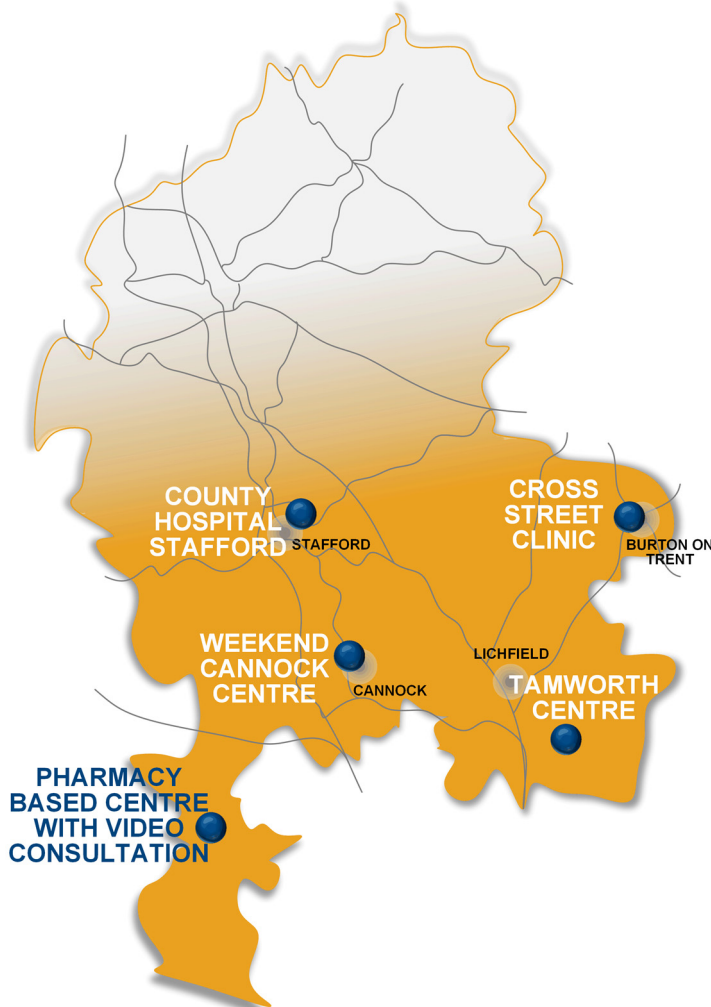


Figure 1: Centre locations

1.18.2.2-Geographical challenges of the South locality

Geographical challenges for locating GP-OOH Centres in the South Lot include that:

- A main challenge is deprivation in the main town centres. Deprivation is more centralised with less-deprived areas on the outskirts of the towns and more rural locations this is consolidated.
- The rural south east borders link to a variety of neighbouring counties so patients tend to cross borders for care depending on where they reside, especially in Tamworth. There is little option for bases in the south east in terms of location and demand, therefore we have used video and home visiting as needed to support these patients groups for a number of years.
- The distances for travel are a challenge with all the towns being about 20-30 minutes apart so people have to travel and demand is not sufficient for sustainable local Centres.
- Public transport is particularly challenged out of hours.

We have opted for locations in main towns to combat travel issues that Centres in in outlying areas would bring.

Our experience shows that Tamworth is a good location. We removed the Burton Centre during the pandemic but since lockdown restrictions lifted demand has returned so we are reinstating a Centre in Burton again.

We have experience of adapting our locations from the pandemic, when we met the needs of patients and commissioners as they altered from normal.

1.18.2.3-Process to identify and assess potential locations

The team involved in determining the locations for the new contract included the current contract leads (Operations Manager, Clinical Services Manager and Medical Lead) and the Area Management Team (Operational, Clinical and Medical Directors). They were supported in their deliberations by our Business Intelligence Team, which assisted with data visualisation such as demand heat maps.

The team reviewed our experience of location Centres across the whole of Staffordshire and considered the feedback we have received from patients, staff and stakeholders on locations and their effectiveness.

County Hospital Stafford has been selected as a key base as it is a proposed UTC location that links to the specification and is supported by the demand analysis and our previous experience of services delivery at this location. The location was changed during Covid19 to release pressure and due to infection-control challenges by migrating to reduced bases (as reduced face-to-face requirements) and increased remote working. Our choice of Tamworth was clear as our experience shows it is the highest use location in south east Staffordshire and we know patients struggle to travel in that areas as public transport options are limited particularly OOH.

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We started with a minimum target of three Centres in the Lot. Our identification process accounted for requirements in the specification e.g. 30-minute target for travelling time. We also considered aspects such as waiting areas, which are tight in number of locations but not a key factor as we are basing on modelling that ensures throughput at suitable rate.

We agreed that all of the sites will operate on the principle of a peripatetic service as needed especially overnight.

Based on activity, Burton/Tamworth experience low volumes so therefore only require one overnight location for face-to-face which is supplemented by using video consultation and home visits.

1.18.2.4-Proposed locations for face-to-face centres

Location and type of premises	Population served	Rationale for proposing the location
Burton	Burton & Uttoxeter	Activity levels demonstrate sufficient demand. It is a possible UTC location based on discussions. It provides a base for overnight cover in the east of patch.
Tamworth	Tamworth/Lichfield/Cannock	Activity levels demonstrate sufficient demand. It is a possible UTC location. Due to poor public transport in OOH period it ensure we are as local to the population and demand as possible.
County Hospital – Stafford	Stafford & Surround/Cannock	This site is a designated UTC location. Activity levels demonstrate sufficient demand. The location enables us to operate primary care pathways with ED until the UTC in place.
Cannock – Weekend	Cannock	Following demand patterns, this site will only operate at weekends. The large area of deprivation around Cannock itself impacts our choice to local a Centre for those who find it economically harder to travel.
Seisdon -	Seisdon	Seisdon peninsula is a remote and rural community at the very bottom of Staffordshire. It requires a service located in this area to ensure equitable access for this population.