

1.18.7 South 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 = 750

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.

1.18.7.1-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).

County Hospital Stafford: Our data suggests around 22.00 each evening as ED services close and patients inevitably move to GP-OOH.

Cannock/Stafford: Weekend surges on current delivery. Additional resilience and staffing are built into modelling.

Our data suggests that for Tamworth & Burton surges tend to be sporadic with no key pattern.

1.18.7.2-Opening times impact

Centre	Weekday	Weekend	Reason
County Hospital Stafford	1830-0800	24/7	Activity
Burton	1830-0800	24/7	Activity, allow to fluctuate demand, a number of clinicians based on surges/HV as needed

Centre	Weekday	Weekend	Reason
Tamworth	1900-2300	0800-2300	To be confirmed but activity, allow to fluctuate demand
Cannock		1000-2200	Activity, allow to fluctuate demand, a number of clinicians based on surges/HV as needed
Seisdon		Peripatetic flexible model as required	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.

1.18.7.3-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.

a)-Surge in prison

We would need to ascertain enough intelligence via the Clinical Shift Lead and Team Leader. We would alert our on-call manager and liaise with the CCG and prison. We would consider activation of major incident plan (e.g. large scale disturbance) and seek support of emergency services and system partners to undertake initial triage and assessment of patients and then triage to appropriate outcomes. We would then follow up with face-to-face treatments for suitable patients as per triage outcomes.