

### 1.18.9 South Integration

The OOH service is expected to integrate with other services which may also include services outside of the South 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 = 993

#### 1.18.9.1-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.

South Staffordshire borders three different areas Wolverhampton, Walsall and Derby. Stafford Hospital does not provide all services and there are cases that sometimes need to be referred to New Cross Hospital, Wolverhampton, Walsall Manor Hospital and occasionally to Derby Hospital. We can refer patients directly to these acute hospitals based on their clinical need. WMAS as the ambulance service provider, takes patients to the hospital most suitable for their needs.

Similarly, people living around these borders can choose to attend Urgent Treatment Centres across boundaries. Our clinicians are able to access the Directory of Services to facilitate referrals and direct bookings to local services, and we are keen to establish clear referral pathways.

**1.18.9.2-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).

### **1.18.9.3-Managing a referral to acute services for a prisoner**

Vocare has extensive experience delivering out-of-hours healthcare for prison populations and has established processes and pathways to deal effectively with most healthcare scenarios. We are keen to continue to evolve and improve current pathways to facilitate effective prison healthcare.

Our responsibility is to ensure the healthcare needs of patients in prison are effectively assessed and managed, and mirror as closely as possible the care provided to patients in the wider community.

Telephone consultations for patients in prison take place with third-party prison healthcare staff, as patients have no access to telephones. Care is usually requested in the OOH period for acute illness, palliative care or advice/medication requests. Where possible, patients are managed within the healthcare wing within prison (where available), monitored and cared for by prison healthcare nursing staff who liaise with GP-OOH for advice.

Arranging onward referrals from prison differs due to security and transportation processes. After a thorough clinical assessment, if the needs of individual necessitate an onward referral to an acute provider, it will be done in line with prison policies, taking into account the urgency of clinical need. The prison team will conduct internal risk assessments as to whether the patient can leave the Establishment. Our clinicians are unable to give any detail to patients directly about potential hospital referrals, as the robust security process must be followed.

If the nearest service that can meet patient's needs is outside the locality, WMAS will be contacted to facilitate safe transport to that service. All PEMs are directed to in-hours prison healthcare providers to address ongoing needs.