

1.18.7 Delegated care

Please advise how your service clinicians will delegate care under a clinical governance framework.

(Maximum Word Count 750 words)

Words used = 750 including the text box

1.18.7.1-Applicable delegated care

UK general practice is being shaped by new ways of working with traditional GP tasks delegated to other staff for more effective use of scarce GP resource and improved patient access to care. It applies on the Staffordshire contract (and all Vocare's urgent-care contracts) through use of a skilled multidisciplinary clinical team with the correct competences to deliver the right care at the right time.

As on the existing contract, Vocare GPs will lead the multiskilled clinical team (comprising appropriately trained/qualified nurses, paramedics, pharmacists and other professionals).

GPs will oversee all episodes of care, and will be available 24/7 to support and advise clinicians. They will retain responsibility for directly managing patients with special needs (e.g. elderly/complex patients) or where specialist skill is required (e.g. palliative care).

For many years, Vocare has successfully delivered home visiting using a trained & competent team of paramedic emergency care practitioners (ECPs).

This team has significantly supported delivery of contractual KPIs, improved patient safety/experience & released scarce & valuable GP resource for the most complex patients, e.g. palliative cases. During the pilot, cases delegated to the paramedics still required significant GP input, but as confidence increased & competencies were embedded, paramedics now effectively deliver most home visits independently although GP support always remains available.

We will supplement local GP resource with a specialist remote GP workforce (NCAS) to support Staffordshire's telephone/video consultations.

Limits of clinical competence: Clinicians will be required to work within the limits of their competencies in telephone/video, Centre and home visit consultations.

These competences are clearly defined in Vocare's competency framework and reviewed by line managers during recruitment/training/appraisals.

1.18.7.2-How care will be delegated

This GP-OOH service will be overseen by three contract leads providing line management to their respective professional workforce of medical, clinical and operational staff. They will report to the Area Operational Director as the point of contract accountability, but will receive support from the other two members of the Staffordshire leadership team, the Area Medical and Area Clinical Directors.

The Medical Lead and Area Medical Director will oversee the medical workforce (GPs/Pharmacists), ensuring they are practicing appropriately and providing senior clinical supervision. The Clinical Services Manager and Area Clinical Director will oversee and support the clinical workforce (nursing and allied health professionals).

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All clinicians will receive feedback on performance with regular quarterly peer-led call/notes audits to ensure quality of delegated care delivery. Salaried clinicians will have annual performance/development reviews (PDR) to identify further areas of development support.

During each shift, the designated clinical shift lead (in partnership with a GP) will ensure each patient receives the care they require by delegating the care episode to the most appropriate professional in the right timeframe for the presenting condition.

Examples of delegated care include:

- Advanced Clinical Practitioners have nursing/paramedic/pharmacist qualifications, educated to master's level with advanced physical assessment and prescribing skills, can see/treat patients of all ages. Located at any Centre, they will always have direct access to a GP. ACPs will also deliver clinical navigation of the OOH queue ensuring safety at all times by prioritising patients with most urgent needs.
- Urgent Care Practitioners will be competent in telephone triage with access to an ACP/GP for advice. UCPs will have a nursing/paramedic background and be educated to Level-3. UCPs with the correct competency and training may dispense medicines using PGDs under prescriber supervision.

a)-Available support

Support for clinicians providing delegated care includes:

- Shift leadership.
- 24/7 senior GP 'Clinical on call'.
- Clinical/safeguarding supervision.
- Peer notes/call auditing.
- Prescribing/PGD auditing
- Use of 'reflect' clinical improvement tool.
- Access to Practice Educators.
- ACP apprenticeship programmes.

1.18.7.3-Approach within the clinical-governance framework

All clinicians will work within Vocare's robust clinical-governance framework e.g. reporting incidents/complaints into Datix for allocation to investigating officers. All potentially serious incidents trigger a Serious Case Incident Findings (SCIF) conference, where senior staff determine whether it represents a Serious Incident with appropriate immediate actions/timeframes, including Duty of Candour and root-cause analysis (processes will be adapted for the Patient Safety Incident-Response Framework expected during the contract term).

All incidents/complaints are investigated with a 'no blame', supportive approach to encourage reporting and make system/service improvements. All specific learning will be shared with clinicians involved with broader learning shared with all service clinicians and other services.

Numerous forums within Vocare ensure care delegation is appropriate/safe with learning embedded into service improvement, e.g.:

- Daily Area/Regional risk meetings.
- Weekly exception reports and breach reviews.
- Risk-register reviews.
- Monthly Area/Regional boards.
- Quarterly incident themes/trends and complaints reports.
- Shared learning sessions.
- Clinical/operational bulletins.
- Staffordshire GP-OOH newsletter
- Patient/staff feedback.