

### A single point of contact accessed by health and social care professionals through one phone call.

The South Staffordshire Hub is open 24 hours a day, seven days a week, and is a single point of access service for health and social care professionals and acute nursing staff. The service supports staff that have adult patients with an urgent care need that could be helped to stay at home with the right support and intervention.

The nurse-led service was initially set up as a pilot in December 2010, in partnership with South Staffordshire PCT. Primecare have a wealth of experience in delivering a range of bespoke primary health care solutions and we work with a number of PCTs across the country to find innovative ways to do this.

### About the Hub

Staffed by nurses and supported by experienced care coordinators, the service co-ordinates and arranges care packages on behalf of referring professionals.

The South Staffordshire Hub team arranges the right care for patients at the right time, preventing avoidable hospital admissions, and facilitating safe early supported discharge from hospital to their normal home environment.

The team has access to a full directory of services which allows them to establish the right care package for the patient and advise professionals on the availability of the services that will best meet the patient's needs. Where there are gaps in service provision these are reported to commissioners to support future commissioning planning.

During the first six months, the service received more than 770 calls/ cases (including 143 requests for signposting), saving clinicians on average 30 minutes per referral.

The Hub welcomes referrals and requests from:

- GPs and practice staff
- GP out of hours service staff
- Hospital A&E, ward, urgent care and discharge liaison staff
- Community provider staff
- Ambulance crews
- Social care and health workers
- Nursing home and residential care home staff
- Mental health professionals



### Key service features

- Admission attendance / avoidance
- Supported discharge
- Equipment sourcing
- Facilitated appropriate admission
- Telehealth care monitoring
- Sign posting

## Key to the service's success

- Expert knowledge
- Dedicated peer support
- Tried and tested model
- Coordination of admission/attendance avoidance cases
- 84% of the care packages co-ordinated by the Hub to avoid a hospital admission have successfully enabled patients to remain at home
- Saving clinician time to care - on average 30 minutes saved per referral

## Benefits of the service

- On average each referral saves the referrer 30 minutes of clinical time which can be released to care for other patients. This adds up to substantial time savings and efficiencies for clinicians.
- Identification of potential gaps or blocks in service to influence future commissioning decisions.
- Maximising the capacity of existing services including third sector service through the Directory of Services.
- Maximising use of beds within the community through managing bed capacity and allocating patients.
- Supporting repatriation of patients from specialist beds to local services or home to prevent bed blocking.
- Working with commissioners to continuously develop the service and include additional services such as the Early Supported Discharge Service.
- Can support existing Single points of access with clinician care coordination.

## What next?

Following a successful six months, Primecare's contract with the Hub extended. This additional time allows for further development of the service in line with what users have told us.

From our latest service improvement audit we know that 85% of referrals (N= 774) into the Hub during the first six months have delivered the expectations of the referrer.

We have put in place changes following service user feedback such as clinicians taking the initial referral and extending the skill mix within the team to include social work and therapist input. The service has also been extended to cover a much wider geographical area.

The Hub team are further developing their links with other stakeholders including Staffordshire Cares. This ensures they can benefit from the Hub's urgent care support and the preventative function and can work together to keep patients safe in the community out of the health and social care system.

## Who do I contact for more information about the South Staffordshire Hub Service?

Sue Williams: Business Development Manager  
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## Patient case study

A hospitalised 88 year old patient with cancer of the gall bladder made a request to leave hospital and be cared for at home. The lady had recently lost her son and had little family or support network round her to help care for her at home.

The lady's district nurse knew about the South Staffordshire Hub Service and decided to contact them to arrange a care package that would allow her patient to return home.

Together with the help of the Hub Care Coordination Clinical Team, they were able to put in place a care package as well as get the vital equipment needed for the lady including a special bed, mattress and side rails.

The Hub clinician was also able to organise a day sitter through Age UK and someone to cover the nights through Marie Curie.

By supporting the district nurse and using the Hub team's knowledge and expertise, the patient was supported to leave hospital early and receive the rest of her treatment in the comfort of her own home.