

# **PCN Roving Delivery Model Blueprint:**

Automating the delivery of winter vaccines to housebound patients



## **Traditional vaccine scheduling**

Managing the co-administration of winter vaccines to housebound patients is complex and can create a significantly higher administrative and clinical workload for primary care organisations through:

- Organising and assigning caseloads
- Communicating with clinicians
- Communicating with patients
- Last minute schedule adjustments
- Organising a minimum of 12 vaccine combinations (including Covid, Flu, Pneumococcal, Shingles)
- Managing logistical problems
- Route planning

#### Automated vaccine scheduling

Using intelligent automation, Doc Abode's vaccination scheduling module creates efficiencies in the vaccination scheduling process, freeing up administrative and clinical staff to deliver core primary care services.

Doc Abode can be operational within 24 hours to help PCNs realise up to a 98% reduction in the administrative tasks associated with vaccine scheduling

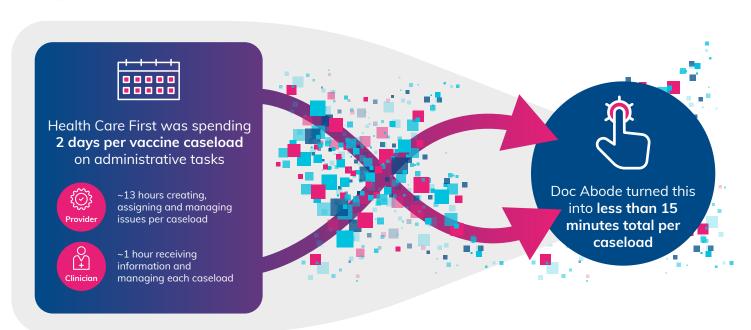
## Case study:

# Streamlining the vaccination rollout with Conexus Healthcare and Health Care First





GP Federation Conexus Healthcare engaged with Doc Abode to support the co-ordination of the vaccination roving model programme for housebound and care home patients in Wakefield with an initial deployment to Health Care First network.





# **Time-saving features for Health Care First**



#### Intelligent caseload management

Real-time, automated scheduling of patients to the available workforce based on: Staff availability, vial size, traffic conditions, start / end locations, dosing schedules / minimum intervals between doses and patient preferences.



#### **Route optimisation**

To ensure the greatest number of vaccinations were delivered in the available time of each vaccinator, minimising vaccine wastage.



#### Automated follow up

Second and third dose appointment schedules were automatically created based on the NHS 'COVID-19 local vaccination services deployment in community settings' roving and mobile models standard operating procedures.



#### **Patient stratification**

Patients were filtered and prioritised according to vaccine prioritisation e.g., >80yrs in a care home.



#### **Communication tools**

Bulk messaging to patients to inform of appointment times and verify identity of visiting vaccinator.

# **Impact**

The rapid deployment of Doc Abode created demonstrable efficiencies.



## Back-office view of in-field deployments

Each organisation has a real-time view of schedules and the ability to easily re-assign or reschedule appointments in the event of short notice cancellation from staff or patients due to sickness / self-isolation.



### Clinician app

Clinicians are kept informed of their schedule through a secure app which also included notifications of appointment changes.



## 98% reduction

in time taken to organise and assign caseloads, manage logistical problems and communicate with patients



Centralising administration to reduce resource requirements from 8 WTE to 5 WTE,

freeing up staff to be redeployed to core services



Scalable delivery of the full winter vaccination programme including Covid-19 boosters, flu, pneumococcal and shingles to eligible patients



Winner of the Innovation in General Practice Award at the Wakefield General Practice Awards 2021



"Administrators and clinicians across the network have welcomed the introduction of Doc Abode to reduce the operational burden they initially experienced with the Covid-19 vaccination roll out. Delivering the 1st and 2nd Covid-19 vaccinations was time consuming enough but with one eye on the additional winter vaccination programmes, including co-administration of the flu vaccine, we wanted to explore how technology outside of the traditional EPR system could deliver efficiencies for the benefit of the practices, clinicians and patients in both the short and long term. Doc Abode delivered on every level."

Antony Nelson MD of Conexus