



# Guidance for referrers into the South East London Urgent Community Response (UCR) Teams

UCR Webinar 10th August 2023

Audience: the London Ambulance Service, Care Home Managers and Telecare colleagues

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# **Purpose and outline**

**Guidance purpose:** For referrers to understand the make-up of UCR teams within South East (SE) London to support pathways into step-up care for urgent medical and social intervention in the community.

## **Urgent Community Response (UCR):**

In 2019, The NHS Long Term Plan set out a standard for all Integrated Care Systems (ICSs) in England: that crisis response care will be provided to people within their homes (or usual place of residence) within two hours, from any referral source.

It defined its 2-hour crisis response care as follows: Services that provide assessment, treatment and support to patients in their own home who are experiencing a health or social care crisis and who might otherwise be admitted to hospital.

Inclusion: A crisis is a sudden deterioration in a person's health and wellbeing that requires urgent support or treatment within 2 hours in the home setting.

#### **Exclusion:**

- 1) It is not for those that are acutely unwell or injured, requiring emergency care intervention and an admission into an acute hospital bed.
- 2) It is also not for those needing acute/complex diagnostics and care.
- 3) It is not for those experiencing mental health crisis and requiring referral/ assessment by a specialist mental health team.

UCR teams support with the following 9 clinical conditions:

- Falls (with no apparent serious injury)
- Urgent catheter care
- Decompensation of frailty
- Reduced function/ deconditioning/ reduced mobility
- Palliative/ end of life crisis support
- Urgent equipment provision
- Confusion/ delirium
- Urgent support for diabetes
- Unpaid carer breakdown

Within SE London we have five separate UCR teams. Each have some variances in their models to due to local demographics and commissioning arrangements. The support provided by each is outlined in the remainder of this booklet.

# **Bexley UCR (Rapid Response)**

#### **Rapid Response Aim:**

Bexley UCR is joint funded by health and social care. The service operates from 08:00 - 20:00. Referrals will be taken up until 18:30 pm with calls being answered by the triaging clinician until 20:00 for possible next day assessments and advice.

Rapid Response will respond to crisis in the community to prevent admission to hospital or residential care; this is achieved by providing rapid intervention within the person's usual place of residence. Our input includes comprehensive acute health assessments, diagnostic investigations, such as urinalysis, bloods, ECG, bladder scanning, therapy, and social care assessments. We aim to respond to crisis within 2 hours or the next day depending on triage outcome and time of day.

The Rapid response Team are also embedding in a new service named the Virtual Ward. In essence, if a person meets the criteria for this pathway, they will be assessed, monitored daily, and supported in their place of residency to enable them to remain at home or leave hospital earlier. A patient can be on the virtual ward for up to 14 days.

#### **Referral Criteria:**

Bexley provide an urgent response service and triage on a case-by-case basis. If in doubt of whether a referral is suitable, you are advised to call us to discuss the case. Pending whether we have assessed it as urgent the below factors are some criteria that need to be met for Rapid Response to consider taking a case:

- The person must pay their council tax to the London Borough of Bexley to access social care services.
- To access therapy or clinical input the person must be registered with a GP practice in the London Borough of Bexley.

#### How to Refer or Ask for Guidance:

Bexley UCR operates from 8:00 am to 20:00 pm, from Monday to Sunday. Referrals will be taken up until **18.30 pm** for same day assessments

Telephone number:

Office: **0208 836 6514** Mobile: **079 7975 0877** 

Your call will be answered by an administrator who will collect some basic information including reason for referral and demographic information. You will then be passed to a senior clinician who will undertake a clinical discussion to determine suitability. If the referral does not meet our criteria, guidance will be provided as well as signposting to other, more suitable services.

At the point of clinical triage, the following information is required:

- Resident name, address, and General Practitioner
- Reason for referring
- Name/service referring

Typical examples of escalations/ referral requests:

- Concern for health/wellbeing/infection / sudden deterioration
- Social care crisis carer breakdown
- Medical advice/care (not first aid or LAS response)
- Requests for mobility assessments or equipment, this would be for patients experiencing sudden deterioration, without team input would require admission to hospital.

Patients may remain on the caseload for up to 5 days or 14 days if on the Virtual Ward

# **Bexley UCR staffing:**

Staff discipline	Staff pattern
Doctors	Mon - Fri
Matron	Monday – Friday (W/ends on call as required)
Advanced Clinical Practitioner	7 days per week
Advanced Primary Care Nurses	7 days per week
Nurses	7 days per week
Nursing Associates	7 days per week
Physiotherapists	7 days per week
Occupational Therapists	7 days per week
Rehabilitation / Health care Assistants	7 days per week
Senior Social Workers	7 days per week
Social Care Assistants	7 days per week
Administrator	Monday – Friday

# Key contact details and last referral time

UCR Rapid Response Lead: Cherie Trew

cherie.trew@nhs.net

UCR referral telephone number: Office: **0208 836 6514** 

Mobile: 079 7975 0877

Last referral time: <u>18:30 pm</u>

Last referral time specifically for falls pick-up: 18:00 pm (Standard SE London agreement)

# **Bromley UCR (Rapid Response)**

#### **UCR Aim:**

The Rapid Response (RR) element of the UCR comprises of Advanced Nurse Practitioners (ANP), Advanced Clinical Practitioners (ACPs), Paramedics and Registered Nurses (RN). The team strives to support patients in crisis in the community. Depending upon the triage outcome, the team will aim to respond in 0-2 hours / Same Day.

The other services within the UCR are:

- Rapid Access Therapy Team (RATT): For urgent OT / PT 0-2hr / same day / 2+ days via SPA from Hospital / GP / other BHC services.
- Home Based Rehab (HBR) via SPA from Hospital or Step-up from other UCR services.
- Bed Based Rehab (30 bedded unit based in QMH) via single point of access (SPA) from Hospital discharge only.
- Bromley Hospital at Home service (H@H) via UCR mailbox from PRUH and RR currently.
- Single Point of Access (SPA) clinical triage for RATT/BBR/HBR. Also for access into social care support.

Once assessed by Rapid Response and dependent on needs, the patient will either be offered a treatment plan, discharged back to care of GP, or will be referred to Hospital at Home team for further assessment and monitoring where there is a risk of deterioration. Patients can remain on the Rapid Response caseload for up to 5-days where Hospital at Home criteria is not met or if they are at capacity.

#### **UCR Referral Criteria:**

Rapid Response will triage referrals for patients registered with a Bromley GP and aged 18 years plus. Patients will only be accepted if they are acutely unwell/below optimal self and housebound for a specific health need.

Where a referral does not meet the Rapid Response criteria but is suitable for another Bromley Healthcare pathway, the triage clinician will accept and complete onward referrals e.g. for next day District Nursing support for wound care needs (wound photograph must be attached and forwarded to SPA email) or, they may transfer the call to SPA where appropriate (E.g. for mobility/transfer/urgent care package/break down in care).

## How to Refer or Ask for Guidance:

Bromley Rapid Response operates from **08:00 am to 20:00 pm**, Monday to Sunday.

Referrals will be taken up until 18:30pm.

Telephone number: **0208 315 8722** (option 1) or **07519607238**.

Your call will be answered by an administrator in the SPA. The administrator will take demographic details identify the patient along with access information and next of kin details.

#### Typical examples of escalations/ referral requests:

- Concern for acute health deterioration, e.g.: infection, dehydration, exacerbation of long term conditions and blocked catheters (where not known to District Nurses).
- Medical advice/care (not first aid or ambulance response)

#### Information required:

To ensure safe handover of staff, Rapid Response would require the following information:

- · Demographics: Name, DOB, Address, GP
- Access arrangements
- Clinical presentation outline of present situation
- Risk factors Past Medical History, Alerts, Medication
- Any known advanced care plans e.g. a request to remain at home rather than hospital.

# **Bromley RR staffing:**

Staff Discipline	Staff Pattern
Advanced Nurse Practitioners	7 days per week
Advanced Clinical Practitioner / Service Lead	7 days per week
Nurses	7 days per week
Paramedic	1 day per week, as rota requires.

# Daily capacity:

Rapid Response aim to have a skill mix of 4x clinicians Monday to Friday and 2x clinicians at weekends/bank holidays, working variable shifts between 8am to 8pm.

Rapid Response will aim to maintain capacity throughout the day which may involve triaging more robustly and discussing same day response which can be passed to GP Out-Of-Hour (OOH)

#### **Key contact details and last referral time:**

UCR Rapid Response Lead: Yoven Soobramaney

yoven.soobramaney@nhs.net

UCR referral telephone number: Office: **0208 315 8722** (option 1)

Mobile: 075-1960-7238

Last referral time: 18:30 pm

Last referral time specifically for falls pick-up: 18:00 pm (Standard SE London agreement)

# **Greenwich – Joint Emergency Team (JET)**

#### JET Aim:

The Joint Emergency Team, known as JET, is to respond to crisis in the community and prevent admission to hospital, by providing social care, clinical/therapy input in people's homes. JET is a crisis response service, and we aim to respond to crisis within 2 hours or a 24 / 48-hour response pending triage and time of day.

JET are also embedding in a new service called the Virtual Ward, which is led by the clinical staff. In essence, if a person meets the criteria for this pathway, they will be assessed, monitored, and supported in their place of residency to enable them to remain at home or leave hospital earlier. As a patient on the virtual ward, they should have all of their health needs met, as well as having care at home (if required), which is without charge as prior to this service they would have been admitted to hospital. A patient can be on the virtual ward for up to 14 days

#### **JET Referral Criteria:**

JET are an urgent response service, and we triage on a case-by-case basis. If in doubt of whether the case is suitable for JET, you are advised to call us to discuss the case. Pending whether we have assessed it is urgent the below factors are some criteria that need to be met for JET to consider taking a case:

- The person must pay their community charges to the Royal Borough of Greenwich to access social care services.
- To access therapy or clinical input the person must be registered with a GP practice in the Royal Borough of Greenwich.

\*From a Social Care perspective JET do not provide social care support to people who have a primary mental health need and are managed by Community Mental Health.

## How to refer or ask for guidance:

JET operates from 8:00 am to 8:30 pm, from Monday to Sunday. Referrals will be taken up until **18:30 pm** for same day assessments

Referral telephone number: **0208 921 8969 / 07843641933** 

When you call you will get through to a JET Duty screener. There are always two Screeners on. One will be a Social Care expert and the other will be a Clinical/Therapy Expert.

At the point of clinical triage, the following information is required:

- Resident name and address
- Reason for referring
- Who is reporting

Typical examples of escalations/ referral requests:

- Concern for health/wellbeing/
- Care Package may be required
- Medical advice/care (not first aid or LAS response)
- Requests for mobility assessments or equipment

# • Handy person jobs

# JET staffing:

Staff discipline	Staff pattern
Social workers	7 days per week
Social worker assessor	7 days per week
Nurses	7 days per week
Health Care Assistant	7 days per week
General Practitioner	7 days per week – 9am-5pm
Occupational Therapist	7 days per week
Physio	7 days per week
Therapy Assistant Practitioner	7 days per week
Office Manager	Monday – Friday
Administrator	Monday – Friday
Handyperson	Monday – Friday

# Key contact details and last referral time

UCR Rapid Response Lead: Josephine Daley

josephine.daley@nhs.net

UCR referral telephone number: Office: **0208 921 8969** 

Mobile: **078-4364-1933** 

<u>Last referral time:</u> <u>18:30 pm</u>

Last referral time specifically for falls pick-up: 18:00 pm (Standard SE London agreement)

# Lewisham

# **Lewisham UCR Aim:**

Lewisham UCR is run by Advanced Nurse Practitioners and supported by a medical consultant. It aims to support patients with a Lewisham GP who are in crisis and require support to remain at home. Depending upon the triage outcome, the team will aim to respond in 0-2 hours or the following day.

The team works closely alongside the Urgent Community Response Therapies (UCRT) team who are made up of Occupational Therapists, Physiotherapists and Rehab Assistants who will also respond to those in crisis within 0-2 days.

Once under the UCR, the patient may remain on the caseload for up to 5 days.

#### How to refer:

Lewisham UCR operates from 8am to 20:00pm, from Monday to Sunday.

Referrals for same day assessment will be taken up until **18:00hrs**, with calls being taken for possible next day assessments

Telephone number: 079-0059-4383

All referrals answered and are triaged by the on-call Advanced Clinical Practitioner (ACP) and if clinically necessary seen within two hours (patients will also be seen later that day or the next day if required) by a multidisciplinary team of ACPs with support from a frailty consultant. If in doubt regarding a referral please call the UCR and if not appropriate we can signpost to the most appropriate service

#### What information is required from the referrer?

- Residents NHS Number
- Resident name and address
- Residents GP Must be a GP within the Lewisham Borough
- Reason for referring
- Who is reporting
- · Access details including key safe number

# What could be escalated or requested?

- Concern for health/ wellbeing
- Medical advice/care (not first aid or LAS response)
- Requests for mobility assessments or equipment

## Lewisham RR staffing:

Staff discipline	Staff pattern
Advanced Nurse Practitioners	Available 7 days per week
Geriatric Care Consultant	Available, within hours, 5 days per week for senior advice

# Key contact details and last referral time

UCR Rapid Response Lead: Nina Whittle

nina.whittle@nhs.net

UCR referral telephone number: Mobile : **079-0059-4383** 

Last referral time: 18:00 pm

Last referral time specifically for falls pick-up: 18:00 pm (Standard SE London agreement)

# Southwark and Lambeth - @Home service

The @Home service has been in existence since 2013. It is now a jointly commissioned service between Health and Social Care, for patients that are registered with a Southwark or Lambeth GP.

Referrals will be accepted between 08:00 - 18:00pm, with the core service running until 20:00pm (Care visits and nursing provision is available in extended hours). A team of nurses, therapists and social workers, triage the referrals and place these on the appropriate pathway of care.

Depending upon the need of the individual, it may be one/mix of the medical, therapy, nursing or social care team that completes the assessment. Further support can be arranged in the form of equipment / adaptations, mobility aids, care support calls, step up into the community or bed based rehab teams or access into SDEC for imaging or investigations, as well as a host of support provided by the medical and nursing team. Follow-up can be provided for up to 7days, although sometimes just a one off visit is required.

The number of @Home staff available to respond day to day will depend on the clinical demand and acuity of the caseload.

## Southwark/Lambeth staffing:

Staff discipline	Staff pattern
Geriatric Care Consultant	Available within hours 5 days per week for senior advice
General Practitioners	GPs present 7 days per week
Clinical Fellows	Junior doctors work 7 days per week
Senior Pharmacists	Monday to Friday, on call pharmacy support at weekend.
Lead Matron	7 days per week
Nurses Practitioners	7 days per week
Occupational Therapists	7 days per week
Physiotherapists	7 days per week
Social Workers	Lambeth social workers available seven days per week.
	Southwark social workers available Monday to Friday
Care support staff	Rehab Support Workers provide care support seven days per week.

#### What could be escalated?

- Medical advice / care (not first aid/ LAS emergency response)
- Concerns for health/wellbeing

- Care Package
- Requests for mobility aids / equipment

## Information required:

To ensure safe handover of staff, the @home team would require the following information from SMART.

- Demographics: Name, DOB, Address, GP
- Access arrangements
- Clinical presentation outline of present situation
- Risk factors Past Medical History, Alerts, Medication
- Any known advanced care plans e.g. a request to remain at home rather than hospital.
- What assistance you require e.g. medical intervention, Social/care support

Information can be relayed to the clinical triage team via telephone on: **0203 049 5751** between the hours of: **08:00** am – **18:00** pm.

# Key contact details and last referral time:

UCR Rapid Response Lead: Gerry Burke

gerry.burke@gstt.nhs.uk

UCR referral telephone number: Office: **0203 049 5751** 

Last referral time: <u>18:00 pm</u>

Last referral time specifically for falls pick-up: 18:00 pm (Standard SE London agreement)