NHS
South West
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Urgent Community Response – National Guidance requirements

South West Yorkshire Partnership NHS Foundation Trust

- To develop an Urgent Community Response service able to provide assessment, treatment and support (within two-hours) to people (over the age of 18) in their own home who are experiencing a health or social care crisis and who might otherwise be admitted to hospital.
- Provide a two-hour urgent community response 8am-8pm (as a minimum), seven days a week.
- We are ahead of many areas in our approach. 24/7 provision meeting most of the clinical conditions outlined within the national guidance.

Conditions suitable for a two-hour response, including but not limited to:

- Falls
- Decompensation of frailty
- Reduced function/reduced mobility
- Palliative / End-of-life crisis support
- Urgent equipment provision
- Confusion/delirium
- Urgent catheter care

Inclusion and exclusion criteria:

Inclusion	Exclusion
Over 18 years	Is acutely unwell or injured, requiring emergency care intervention and admission to an acute hospital bed
Is living in their own home or a residential/care setting	
Is in a crisis and needs intervention, within 2-hours to stay safely at home/usual place of residence	Is experiencing a mental health crisis and requires referral/assessment by a specialist mental health team*
Is living with dementia – best practice is to share responsibility for care with older people's mental health teams	Needs acute/complex diagnostics and clinical intervention for patient safety in hospital.

Current delivery model

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- Single point of access via RightCare Barnsley for referral triage to ensure suitable for UCR visit 8am – 8pm, 7 days per week. UCR held “Mobile One” 8pm – 8am.

- Core Urgent Community Response team of ANPs, Nurse sisters and HCAs 24/7. AHPs (NRS) and matrons (NNS) supporting crisis visits 7-days a week based on triage within RCB or escalation internally by other community services.
- We also perform visits from YAS on a push model.
- We provide first dose IV ABX for community started prescribing for cellulitis and first dose of all IVs on OPAT pathway.
- Night service/ALT collaboration.
- As part of a separate specification, our Breathe Specialist Respiratory team have a crisis response pathway for patients at risk of hospital admission (7 days per week 8am-8pm). Including patients who:
  - Have a diagnosed condition e.g., chest infection (they can now offer CRP testing within the team)
  - Are experiencing deterioration / exacerbation of their long-term condition
  - Become unable to manage at home
  - Experience sudden deterioration of their terminal condition
  - Have a combination of factors, along with social/cognitive/memory problems that may require a place of safety, whilst investigations can be taken to confirm or exclude a physical condition.

Assessments and interventions

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The following provides a list of common assessments, screening tools and interventions which will be undertaken by Urgent Community Response to a person in their home or usual place of residence.

- Making the person/situation safe, provide reassurance and consider any capacity, consent or safeguarding concerns, escalating to appropriate services as required.
- Holistic history including review of clinical records to understand past medical history and presenting issue.
- Clinical observations, including blood pressure and oxygen saturations.
- Calculation of NEWS2 (National Early Warning Score) as part of the wider assessment to quickly identify deterioration to support care decisions or escalation.
- Assessment and provision of equipment to make a person safe at home and support/maintain independence.
- Symptom assessment and management, including the administration of medication, as required, including nebuliser therapy for COPD exacerbation (via our Breathe team).
- 1st IVs in community (OPAT referrals from BHNFT Wards / SDEC) and 1st IV infusions for referrals from primary care for cellulitis. In discussion with ED colleagues about referral pathways as part of the virtual ward delivery model.
- Liaising with primary care, I-Heart 365 and other community and social care colleagues to support patients.
- Escalating patients who require additional support e.g., hospital admission, SDEC, virtual ward, Intermediate care bed placement.

Example of screening tools which may be used by Urgent Community Response

- Nutrition assessment,
- Risk of developing pressure sores, e.g., purpose T
- Frailty, e.g., Rockwood clinical frailty score
- We're in early discussions about pathway developments for Delirium utilising 4AT.

Point of care testing:

We're expending the use of point of care testing in community, with ECG and bladder scanning available within teams currently. Breathe team currently use ABG and CRP testing in patient's own homes. Further role out of POCT is an aspiration within the pathway and documented within the national guidance, to enable point of care testing for clinicians to support risk management and ongoing care planning for patients.

With **all of us** in mind.