



Somerset Urgent Community Response

For when you need urgent care at home

Call
01749 836700
Option 1

Somerset Foundation Trust Community offer to Care homes Via Urgent Community Response (UCR) and Hospital @ home (virtual wards)

8am to 8 pm

7 days a
week

2 hour response
(UCR) same or
next day H@H

Aim to keep people in place of resident – where
there are familiar, comfortable and want to be

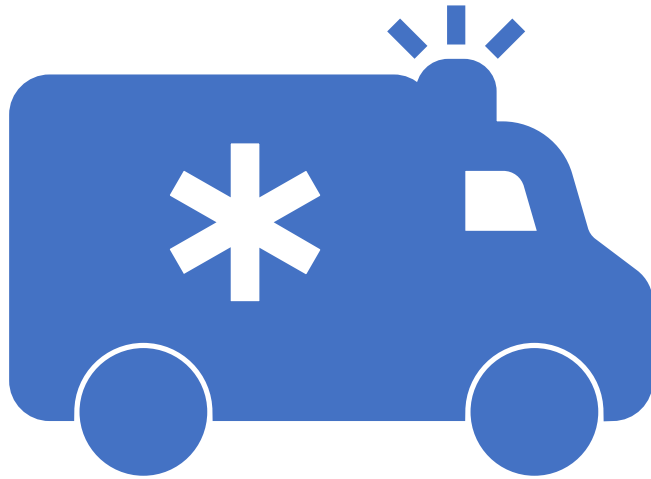
<https://www.youtube.com/watch?v=-aKP5OhI7dA>

Bringing hospital care home:
Virtual Wards and
Hospital at Home
for older people



What is Rapid response ? H@H/Virtual wards? and UCR?

Rapid NHS response teams to help people stay well at home can be within 2 hours or same day max 24 hours



Urgent community response teams provide urgent care to people in their homes which helps to avoid hospital admissions and enable people to live independently for longer. **2-hour response**

Virtual wards or Hospital@ Home (H@H) support patients, who **would otherwise be in hospital, to receive the acute care**, remote monitoring and treatment they need in their own home or usual place of residence. Same day or next day response

UCR and VW: Staff type and capabilities

UCR and VW delivery

Types of staff:

- Dedicated MDT
- Staff may include registered nurses; advanced clinical practitioners; physiotherapists; occupational therapists; pharmacists; dietitians; and paramedics

Skills and competencies:

- Delivery of in-person and remote care (requiring technological skills)
- Face-to-face clinical assessment, diagnostics and therapies
- Prescribing, including controlled drugs
- Ensure processes are in place to keep individuals safe OOH (e.g. linking with community nurses, providing advice)
- Clinical risk management
- Support for self-management

Typical UCR delivery

Types of staff:

- Advanced Practitioners with medical input weekly
- Sometimes includes registered and non-registered health and care professionals such as social workers, domiciliary care workers and staff providing commissioned falls pick up services

Skills and competencies:

- Urgent support for a variety of clinical conditions/needs including catheter care, diabetes and palliative or end-of-life care
- Rapid response for falls and decompensation of frailty
- Support for unpaid carers, and integrated or 'trusted assessor agreements' with social care, where a health professional can initiate the process of prescribing reablement care

Typical VW delivery

Types of staff:

- Clinical responsibility should be led by a named consultant practitioner (including a nurse or allied health professional consultant) or suitably trained GP, with access to timely specialist advice and guidance

Skills and competencies:

- Higher levels of clinical capability due to complexity of caseload
- Provide regular patient clinical review for up to 14 days
- Management of monitoring equipment and use of telemedicine technology to monitor patients
- Required to have diagnostic capabilities (likely more advanced than UCR)

Overview of functions for UCR and VW

	Urgent Community Response	Virtual Wards
Service offer	<ul style="list-style-type: none"> Provides assessment (including point of care testing), treatment and support to people experiencing a health or social care crisis within two hours Likely referral reasons include but are not limited to: falls, decompensation of frailty, reduced function/deconditioning/reduced mobility, palliative/end-of-life crisis support, urgent equipment provision, confusion/delirium, urgent catheter care, urgent support for diabetes and unpaid carer breakdown 	<ul style="list-style-type: none"> Initial priorities were ARI and frailty VW but wards are now supporting a wider range of conditions including heart failure Provides urgent access to hospital-level diagnostics (such as endoscopy, radiology, or cardiology) and may include bedside tests such as point of care blood tests and/or access to community diagnostic centres to reduce pressure in acute diagnostic services Provides hospital-level interventions (such as access to intravenous fluids, therapy, and oxygen) and monitoring based on clinical need for a secondary care bed
Operating hours	<ul style="list-style-type: none"> Seven days a week for a minimum of 12 hours a day (8am–8pm) 	<ul style="list-style-type: none"> Seven days a week for a minimum of 12 hours a day (8am–8pm), with planned out of hospital cover for deterioration
Time period	<ul style="list-style-type: none"> Any follow up visits required after initial visit to occur typically within 48 hours 	<ul style="list-style-type: none"> Time-limited short-term intervention of 1–14 days
What it isn't	<ul style="list-style-type: none"> Day care; or reablement/rehabilitation 	<ul style="list-style-type: none"> Enhanced primary care programmes; chronic disease management; intermediate or day care; reablement; outpatient parenteral antibiotic therapy; or proactive deterioration prevention
Cohort	<ul style="list-style-type: none"> Over the age of 18 and are at risk of hospital admission within the next 24 hours 	<ul style="list-style-type: none"> No age requirement, but people with acute care needs, who would otherwise need to be in hospital, which can be managed at home
Workforce	<ul style="list-style-type: none"> Usually a multi-disciplinary workforce – roles may include nurses; advanced clinical practitioners; support workers; physiotherapists; occupational therapists; social workers and paramedics 	<ul style="list-style-type: none"> Led by a named senior clinician or consultant practitioner (e.g. doctor, nurse, or AHP with knowledge and capabilities in the relevant speciality or model of care) and provides access to specialty advice and guidance to enable timely clinical decision-making Requires daily board round and MDT input (in-person or virtual)
Setting	<ul style="list-style-type: none"> Delivered in people's homes (including care homes) 	<ul style="list-style-type: none"> Delivered in people's homes (including care homes)

9 pillars of UCR

Condition/need	Supportive definition
Fall	With no apparent serious injury, including to the head, back, hip, or where able to rule out a fracture, and where there has been no loss of consciousness, but where care/support is required within two hours to prevent hospital admission. Level 1 and 2 fallers from SWAST – please see separate slides for more details
Decompensation of frailty	A frailty-related condition which may result in loss of strength, speed, energy, activity, muscle mass, resilience to minor health strains and subsequent loss of independence. Decompensation caused by a minor stressor event, such as a urinary tract infection (UTI), which can cause a sudden or disproportionate decline in function.
Reduced function/ deconditioning /reduced mobility	The person may have a gradual change in functional ability or ability to manage at home and with activities of daily living. Mobility loss can also be sudden, leading to an acute need.
Palliative/end-of-life crisis support	If core palliative/end-of-life care services are not available to respond, a two-hour UCR service will help maintain a person close to the end of their life at home, offering symptom control/pain relief in line with a person's wishes.
Urgent equipment provision to support	Alongside an assessment, makes a person safe and optimises functional ability to support prevention of admission. a person experiencing a crisis/at risk of hospital admission should be made safe and ongoing care provided where appropriate by reablement or rehabilitation services.
Confusion/delirium	Increased or new confusion, acute worsening of dementia and/or delirium (excluding sepsis requiring hospital admission). The patient should be assessed and physical health needs managed to establish the cause (e.g. UTI, cellulitis, pneumonia) so that their needs are managed safely at home.
Urgent catheter care	Where a person has a blocked catheter and/or pain from a catheter related issue and is at risk of harm and has a very high risk of admission to hospital. Where a district nurse service does not have the capacity to respond or is part of the explicit function of the two hour UCR team.
Urgent support for diabetes	Examples of this include urgent injections and where the person has experienced a hypoglycaemic episode (now resolved) or where blood sugar management is a concern and the person is at risk of hospital admission as a result
Unpaid carer breakdown which, if not resolved, will result in a healthcare crisis for the person they care for	Provide healthcare where a carer who meets a person's healthcare needs is no longer able to do this and the person they care for now requires a two-hour UCR.

How to refer

- Somerset Primary Link (SPL) on
Call 01749 836700 Option 1
8am to 8pm

Any further questions or enquires or access issues please contact

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