

Care Providers and NHSEI Meeting
11 January 2022
09:00-10:00
Via MS Teams



Agenda		
09:00	Welcome & Introductions Identification of AOB items	Carey Bamber, NHSEI
09:05	Urgent Community Response and Care Homes	Kath Evans, Deputy Director, Urgent Community Response, NHSEI
09: 35	Vaccine Programme update	Hilary Heywood and /or Annette Keen NHSEI
09:45	Situation update	All
09:55	Any other Business	All
10:00	Finish	



Urgent Community Response and care homes

Kath Evans

Deputy Director

Urgent Community Response
Community Services & Ageing Well
NHS England & Improvement

NHS England and NHS Improvement





The implementation of the two-hour urgent community response standard is a key commitment of the Long Term Plan, and a requirement of the [NHS Operational Planning Guidance 2022/23](#).

By April 2022 all parts of England will be covered by 2-hour urgent community response services and over 2022-23 providers and systems will be required to:

- Maintain full geographic rollout and continue to grow services to reach more people extending operating hours where demand necessitates and at a minimum operating 8am to 8pm, 7 days a week in line with national guidance
- **Increase the number of referrals from all key routes [including care homes], with a focus on UEC, 111 and 999, and increase care contacts**
- Ensure workforce plans support increasing capacity and development of skills and competencies in line with service development
- Improve outcomes through reaching patients in crisis in under 2 hours where clinically appropriate. Providers will be required to achieve, and ideally exceed in the majority of cases, the minimum threshold of reaching 70% of 2-hour crisis response demand within 2 hours from the end of Q3
- Improve data quality and completeness in the Community Services Dataset (CSDS) as this will be the key method to monitor outcomes, system performance and capacity growth
- Improve capacity in post urgent community response services to support flow and patient outcomes including avoiding deterioration into crisis again or unnecessary admission

The Government's [Adult Social Care Winter Plan for 2021/22](#) recommends that **care home providers:**

- ✓ *'Link up with local community health services to enable referrals from care homes into urgent community response (UCR) teams and ensure all staff understand what support is available locally'*

What is a two-hour urgent community response (UCR)?



Two-hour urgent community response teams provide assessment, treatment and support to people over the age of 18 in their own home or usual place of residence who are experiencing a health or social care crisis are at risk of hospital admission within the next two to 24 hours.

Key defining features include:

- The assessment and care should start within two hours of the referral being made, with short-term interventions typically lasting under 48 hours.
- Local single points of access should be used & include access to multi-disciplinary clinical & non-clinical input.
- Teams should work in an interdisciplinary way, and often consist of registered nurses, advanced clinical practitioners, physiotherapists, occupational therapists, support staff, social workers and paramedics, with support from other relevant professionals including GPs and geriatricians.

Typical and increasing referral routes

- **General practice/ Primary care networks**
- **Self-referrals directly or via 111**
- **Urgent and emergency care**
 - 111 and 999
 - Same Day Emergency Care (SDEC)
 - Urgent Treatment Centres
- **Community health services:** e.g. reablement, anticipatory care (AC), end of life care (EoLC) and district nursing, etc.
- **Social care providers**
 - Care workers
 - Care homes (and EHCH)
- **VCSE organisations**

Typical conditions (though primarily needs based)

- Fall
- 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
- Unpaid carer breakdown

Common interventions

- Make the person safe/situation safe
- Holistic history review
- Clinical observations
- Diagnostics
- Assessment and provision of equipment
- Symptom assessment inc. administration of medicines
- Prescription and delivery of appropriate care interventions to support nutrition, personal hygiene, continence, wound care, mobility and rehabilitation to regain or optimise functioning etc.

Examples of onward care

- **General practice/ Primary care networks**
- **Community health services:** e.g. district nursing; virtual wards; reablement; rehabilitation; specialist services or condition specific pathways; EoLC; AC
- **Social care providers**
 - Care workers
 - Care homes (and EHCH)
- **VCSE organisations**
- **Urgent and emergency care**
 - SDEC
 - Acute hospitals

What does the roll-out of UCR mean for care home staff and residents?

- ✓ **Increasing timeliness, availability and consistency** of crisis response/urgent community response for care home residents at a minimum 8am-8pm, 7 days a week
- ✓ **Providing care home staff with access to clinical advice and support** as an alternative to ringing 999 and 111 and in addition to the named clinical lead in the local GP practice in-hours through the Enhanced Health in Care Homes (EHCH) framework
- ✓ **Reducing avoidable ambulance conveyances and hospital admissions** for care home residents (see Berkshire West's data in annex)
- ✓ **Improving trust, pathways and communications** between care home staff and NHS community health services, including improving alignment with the EHCH framework

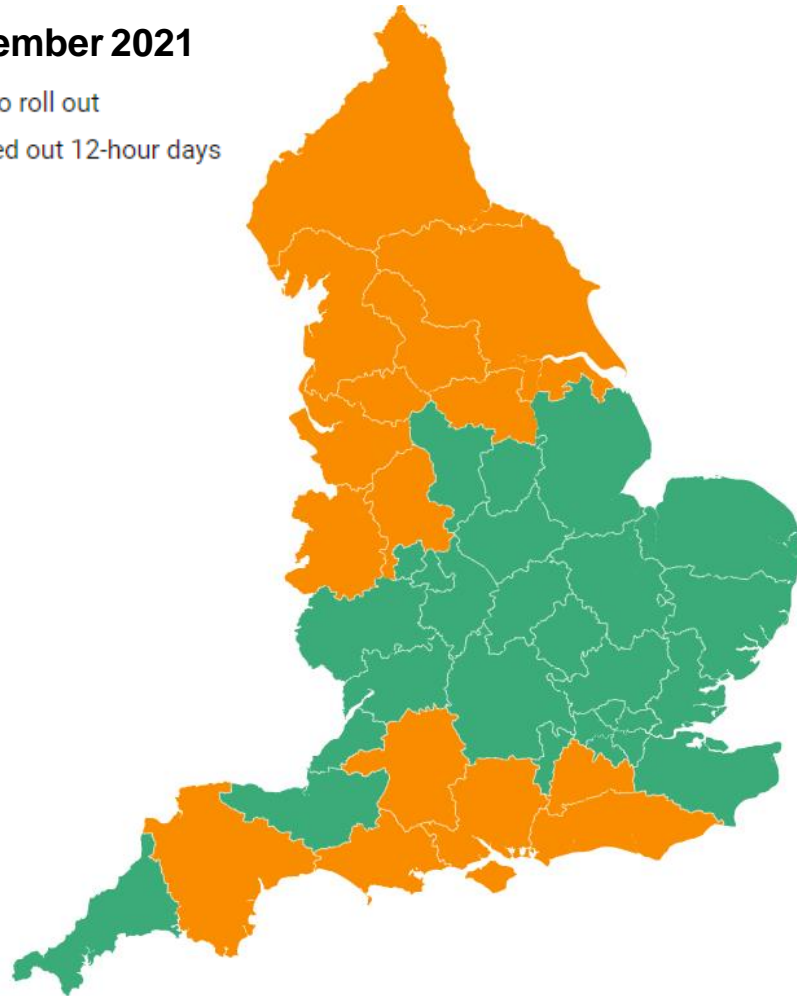
How can I find out more about my local UCR service?

- Using [NHS Service Finder](#) and talking to your ICS lead and or local community health service provider.
- In some areas, like in Berkshire West and Kirklees, care homes contact UCR teams directly via the local single point of access.
- NHS England and NHS Improvement are in the process of developing posters to raise awareness of UCR in care homes and other relevant services. Some areas have developed their own posters with QR codes (see annex).



December 2021

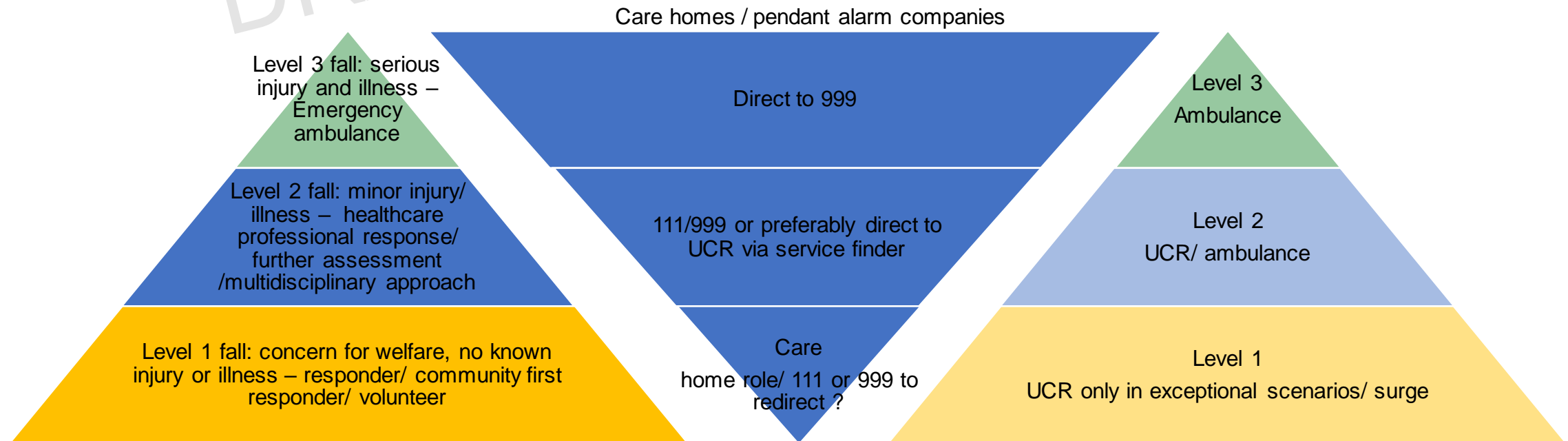
- Yet to roll out
- Rolled out 12-hour days



- There are 115 two-hour urgent community response providers (approximately 220 services) across England.
- As of December 2021, 27 ICSs (out of 42) were reporting they now have full geographic coverage of two-hour crisis response services operating 8am-8pm/7 days a week at a minimum, with the remaining ICSs having a range of coverage in operational hours and geographical spread.

Falls response model*

- Approximately 8-10% of all 999 calls relate to falls and continue to be the most frequent single diagnosis for those aged over 65 contacting the ambulance service. A high number of calls are resulting in paramedics attending care homes and giving advice (classified as 'see and treat').
- The length of time waiting on an ambulance for Cat 3 and Cat 4 calls is resulting in long lies. For an older person, long lies are associated with a loss of confidence and lack of dignity. Further consequences include tissue damage and pressure sores, dehydration, hypothermia, bronchopneumonia, and increased likelihood of hospital admission.
- The British Geriatric Society (2021) recently highlighted that in most cases, residents who have fallen do not need to be taken to hospital but rather can be managed in the care home by the care home staff and with the support of other local services.
- The roll-out of UCR services provides an opportunity to improve the consistency of falls response in care homes, and clarify the role of volunteers/community responders, UCR, 111 and ambulance services.
- This is particularly important in a context where some care homes still have 'no lifting' policies in place.
- The below diagram proposes a standardised approach to responding to falls in care homes.



*Adapted from Falls response governance framework for NHS ambulance trusts

<https://aace.org.uk/wp-content/uploads/2020/10/AACE-FALLS-RESPONSE-09.2020-V4-HP.pdf>

The Telecare providers / Pendant alarms

With the current emphasis on establishing urgent community response teams by April 2022, the time is right to consider the scale of opportunity to introduce new referral pathways for responses to Technology Enabled Care (TEC) providers and reduce the demand on 999 ambulance services.

A proportion of calls to TEC services, requesting an ambulance, will always be genuine and require an emergency response from a paramedic for life-saving treatment and conveyance to emergency departments.

However, evidence suggests that improving the pathways from pendant alarm services will provide an opportunity to more effectively manage inappropriate referrals into ambulance providers, especially for people who have fallen.

There are over 200 TEC service providers in England - some provided or commissioned by local authorities and others are private businesses. They are generally self-regulated. Some are self-funded, others are subsidised by councils.

UK wide it is estimated there could be about 2600 calls a day from pendant alarm companies to ambulance teams at a rate of 3% of all pendant calls with a range of pendant call rates to ambulances from 0.4% - 4%. If 1% of calls were more appropriately directed through partnership work this could reduce UK ambulance calls by 900 a day.

This guide aims to support ICSs to take local action to allow access to appropriate local pathways for a response as an alternative to 999. It is intended to stimulate and support discussion.

The core aim of this work should be “to provide the right response at the right time to people requesting a response via their pendant alarm”

A recent audit in North West Ambulance Services showed:

3000

calls from telecare services to North West Ambulance Service

32%

(959) required conveyance to ED

45%

(1347) were seen and treated

23%

either ‘hear and treated’ (referred elsewhere) or closed by the EOC

(Audit, Oct 2020-April 2021)

Progress for pendant alarms



Fabulous engagement
with the TEC (technology-enabled care) Services Association (TSA)

✓ Decision support tool for pendant alarm companies

✓ Referral route to appropriate services in each local area- testing Service Finder and pilot commenced

✓ Top tips for Integrated Care Systems drafted

About TSA

TSA drives the transformation of the TEC sector through strengthening partnerships, data and people, whilst recognising and responding to demand, scope and opportunities in Technology Enabled Care.



The voice of technology enabled care

NHS England and NHS Improvement



Example of ongoing falls response projects in care homes – The ISTUMBLE pilot in the Midlands



Background

- From April 2021 to August 2021, East Midlands Ambulance Service (EMAS) received an average of 4,063 calls from care homes and conveyed an average of 2,443 of those residents into hospital each month.
- Care home managers have advised us that their staff often just require advice and wish to be reassured that it is ok to move the resident.
- The use of technologies such as the ISTUMBLE app (a free app developed by paramedics to aid decision-making relating to falls – see assessment tool in annex) could enable this. The app has already been successfully piloted by Welsh ambulance services.
- It is estimated that there are 2,277 iPads in care homes across the Midlands region – an investment to be capitalised upon.
- Both EMAS and WMAS have the capability to use video conferencing to undertake remote consultations.
- As part of the 100-day challenge, UCR teams can also be trained to use video conferencing to reduce the demand on their resources, resulting in quicker contact with the care homes and reducing long lies.

Current position

- NHSX have downloaded the ISTUMBLE app onto all care homes' iPads and the academic health science network have agreed to support care home training on the use of the app.
- EMAS and WMAS have approved the ISTUMBLE pathway (see annex) in an effort to reduce avoidable ambulance conveyances.
- ADASS fully support the initiative and are happy to encourage care homes to engage with this. Most Midlands CCGs are now making progress with it with the majority of care homes keen to deliver it.
- ICSs could adapt the pathway to support any other falls initiatives that they have in place in their systems such as falls pick-up services, GP, falls team reviews etc.
- Initial feedback from partners engaged to date is really positive, with a request to expediate the approach as soon as possible.

Next steps

- Following adoption of this approach in care homes, patient and staff feedback will be sourced. Prevalence of ambulance calls for falls and conveyances to hospitals from the care homes using the app will be evaluated to identify any impact to the data or patient experience.

1) Proposed falls response model:

- Do you have any comments on the proposed approach, particularly levels 1, 2 and 3?
- What in your view should be the role of care home staff/community first responders/UCR services and ambulances when responding to falls?
- How does this align to the ISTUMBLE pathway?
- How could we work together to improve outcomes?

2) UCR and care homes:

- What is your sense of how care homes are currently aware of and accessing UCR services?
- Is there anything that we could do to help enable UCR referrals from care homes?

3) 2-hour guidance refresh:

- Is there anything missing?
- Are there particular aspects that need clarifying or changing (bearing in mind the changes need to be incremental due to approval processes)?

- [National 2H Urgent Community Response Guidance](#)
- [NHS Operational Planning and Contracting Guidance](#)
- UCR Dashboard (on [FutureNHS](#))
- [FutureNHS Urgent Community Response](#) – case studies, videos, webinar recordings, including our recent webinar on enabling access to UCR in care homes

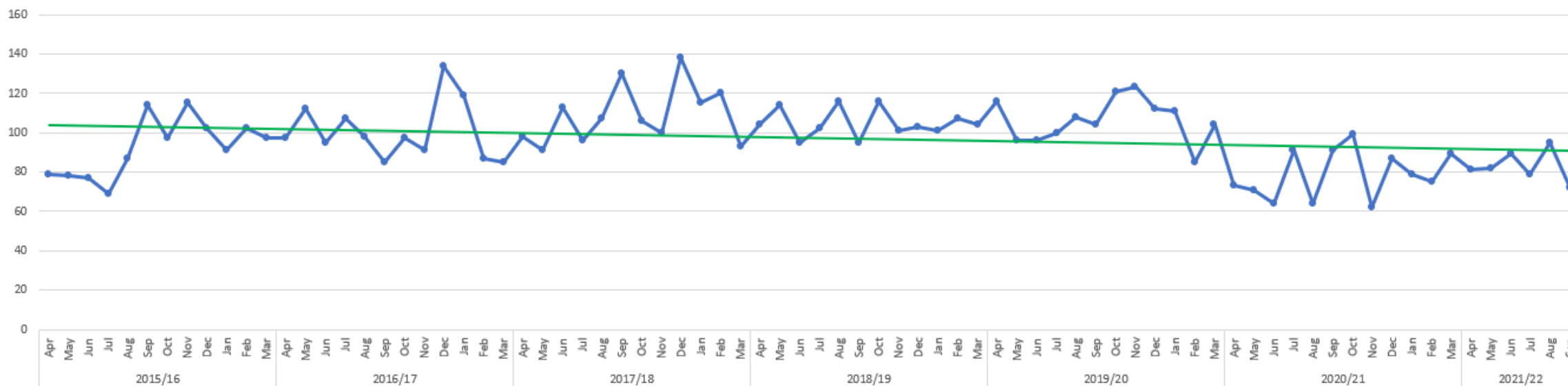
Annex 1: Berkshire West's care home admissions to acute



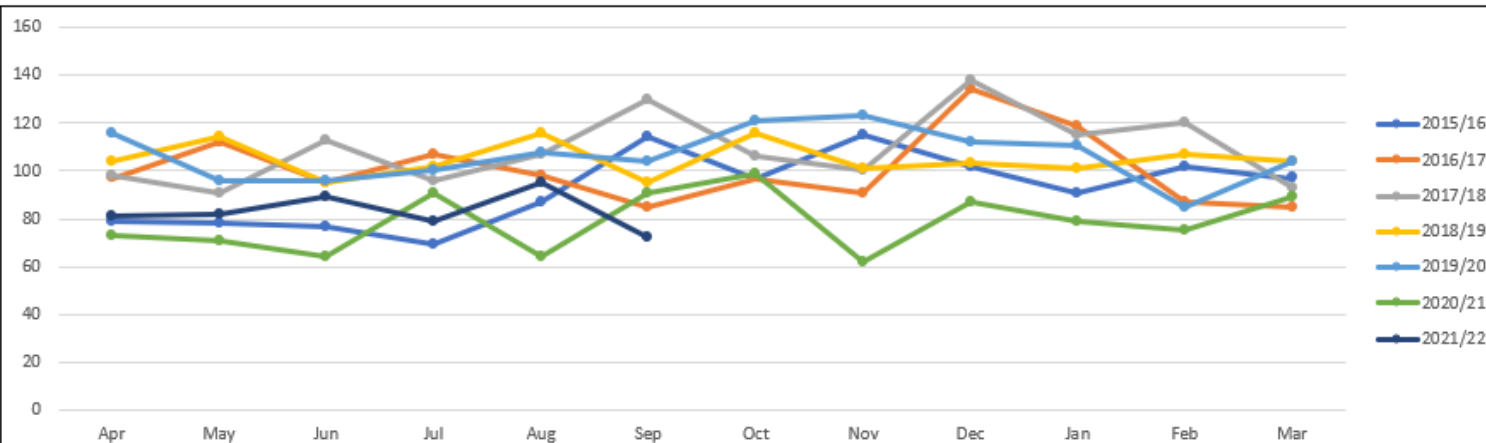
Berkshire West CCG Care Home Admissions

SCW

Berkshire West CCG Care Home Admissions



Care Home Admissions - Year on Year							
Month	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Apr	79	97	98	104	116	73	81
May	78	112	91	114	96	71	82
Jun	77	95	113	95	96	64	89
Jul	69	107	96	102	100	91	79
Aug	87	98	107	116	108	64	95
Sep	114	85	130	95	104	91	72
Oct	97	97	106	116	121	99	
Nov	115	91	100	101	123	62	
Dec	102	134	138	103	112	87	
Jan	91	119	115	101	111	79	
Feb	102	87	120	107	85	75	
Mar	97	85	93	104	104	89	
Grand Total	1108	1207	1307	1258	1269	941	414



Annex 2: Kirklees' care home posters on access to UCR



URGENT COMMUNITY RESPONSE

- Immediate / Life Threatening - Call 999** (Red light)
- 0-2 hour Urgent Community Response—01484 443935** (Yellow light)
- Requires attention—call GP** (Green light)

UCR service hours are **8am to 8pm, 7 days a week**
The referral line is open from **8am-5:30pm**

A referral can be made by calling
01484 443935

Please take resident's Blood Pressure, Temperature & Oxygen Saturation levels before calling

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 within Kirklees	Is experiencing a mental health crisis and requires referral/assessment by a specialist mental health team.
Is in a crisis and needs intervention, within 2-hours to stay safely at home/usual place of residence.	Needs acute/complex diagnostics and clinical intervention for patient safety in hospital.
	Is under the influence of drugs or alcohol
	Pregnancy related complications

Scan the QR code or visit www.kirkleescg.nhs.uk/resources/kirklees-urgent-community-response-service/ for full service details

How to get the right clinical support for your residents

First: Review yellow emergency / advance care plan & follow any relevant guidance

Emergency

New onset central chest pain/heart attack/cardiac arrest, stroke (face/arm weakness, speech problems), or sudden onset severe pain **Call 999** (unless person is end of life – see below)

Urgent - unwell resident

Call UCR first
Urgent Community Response

- Fall** – With no apparent serious injury or loss on consciousness
- Mobility** – Can't walk or 'off legs' / less mobile / less coordinated
- Pain** - increased or new onset of mild/moderate pain
- Breathing** - Worsening shortness of breath, can't talk in sentences, chestiness or fast breathing
- Behaviour** - More sleepy / lethargic, withdrawn or anxious / agitated, increasing or new confusion, less alert or just not themselves
- Skin** - Cold hands / feet; worsening skin colour, puffiness / swelling, mottling or rash, dry skin / lips
- Observations** - significantly different from normal, including blood sugar
- Fever** - Shivery, fever or feels hot, cold or clammy
- Appetite** - Suddenly off food, reduced appetite, reduced food intake, vomiting
- Elimination** - New offensive smelly urine / can't pass urine/ reduced catheter output, diarrhoea

Call Urgent Community Response:
01484 443 935
0-2 hour response
7 days a week 8am – 5:30pm

Complete the "SBAR" before phoning, and document everything in the care plan

- SITUATION** - brief description of resident's current condition; "I am concerned because"
- BACKGROUND** - residents USUAL status; past medical history; DNACPR status; advance care plans; current medications; any recent treatment; clinical observations including baseline if available; calculate NEWS score if able
- ASSESSMENT** - summarise what is happening as far as you are able, "I think the problem is....." or "I don't know what is wrong but they are not themselves"
- RECOMMENDATION** - What actions are you asking for? What do you want to happen next? Ask the clinician what actions need to be taken, agree what to do if there is a deterioration in condition and in what timeframe. **In an emergency do not wait - dial 999**

Stable resident with general health concern

eg. medication review, skin condition, chronic pain review, general deterioration in health, weight loss.
Add the resident to the next GP weekly home round. No need to complete SBAR tool.

Palliative resident with distressing symptom

For clinical advice and support in caring for residents with palliative or end of life needs please contact The Kirkwood Advice Line.
Tel: 01484 557910 – available 24 hours a day, 7 days a week

“I STUMBLE” a falls assessment tool

Intense Pain

- New Pain since Fall
- Includes Headache, Chest Pain and Abdominal Pain
- Consider both pain from injury caused by fall or medical causes

Ssuspected Collapse

- Ask resident if this was a trip or collapse (do they remember falling)
- Any dizziness, sudden nausea or pain before the fall
- Includes “near fainting” episodes

Trauma – to Head/Neck/Back

- New pain in Head/Neck or Back following the fall
- New visible or physical injury, lump or dents to head – with or without bleeding
- Any new numbness or paralysis in any limbs or face

Unusual Behaviour

- New Confusion
- Acting Different to Normal Self e.g. agitated, combative, aggressive, sleepy, quiet
- Difficulty Speaking e.g. Slurred Speech, words mixed up, unable to verbalise objects, stuttering

Marked Difficulty in Breathing/Chest Pain

- Severe shortness of breath, not improved when any anxiety is reduced
- Unable to complete full sentences
- Blue/Pale lips or fingers, becoming lethargic or confused
- New Onset of inability to mobilise/lay still without difficulty in breathing

Bleeding Freely

- Free flowing, pumping or squirting blood from a wound
- Widespread swelling and bruising to face/head or injured limb
- Apply constant direct pressure to injury with clean dressing, elevate if possible
- Try to “estimate” blood loss, in mugful’s (often difficult)

Loss of Consciousness

- Knocked Out
- Drifting in and out of consciousness
- Limited memory of events leading up to, during or after fall. (unusual for resident)
- Unable to retain or recall information, repetitive speaking (unusual for resident)

Evidence of Fracture

- Obvious Deformity – e.g. shortened and rotated limb, bone visible, severe swelling
- Reduced range of movement in affected area
- Unusual movement in affected area

In all 999 cases remember to keep resident: **CALM, STILL & COMFORTABLE**

If any bleeding is present, apply constant pressure with a clean dressing

EEAST/NWilliams Adapted from West Midlands Ambulance Service

Annex 4: Example of pathway using iStumble

