



England

TEC & Urgent Community Response

November 2023 update

Presented by:

Claire Laing, england.communitycare@nhs.net

Urgent Community Response services provide assessment, treatment and support to those at risk of hospital admission in the next 24 hours

9 Clinical Conditions	Common interventions	Examples of onward care
Falls	Holistic assessment	General practice/ Primary care networks
Decompensation of frailty	Make the person safe	Community health services
Reduced function/ deconditioning/ reduced mobility	Clinical observations	Social care providers
Palliative/end of life crisis support	Diagnostics	VCSE organisations
Urgent equipment provision	Provision of equipment	Urgent and emergency care
Confusion/ delirium	Nutritional support	
Urgent catheter care	Personal hygiene	
Urgent support for diabetes	Continence	
Unpaid carer breakdown	Wound care	
	Mobility and Rehabilitation	



Self-referral	37.5%
General Practice	14.8%
999	7.6%
Care homes	6.8%
Social care	2.8%
TEC providers	2.2%
Hospices	1.6%

Activity is growing – now national coverage has been achieved, we're focussing on broadening referral routes and reasons

Total number of 2-hour standard UCR referrals received in July 2023

44,320

Number of 2-hour standard UCR referrals received within the reporting period



Winter 2022:

Document



[Going further for winter: Community-based falls response](#)

PDF 299 KB 25 pages

Summary

This document sets out key principles and requirements for integrated care boards (ICBs) to improve coverage of community-based falls response services across their footprint in preparation for winter.

Preventing avoidable admissions

All local systems should:

- Have a community-based falls response service in place between 8am and 8pm for people who have fallen at home including care homes. The service should be in place by 31 December 2022 and be available as a minimum 8am-8pm 7 days per week.


Winter 2023:




 Module Guide

 Pre-reading

 Session 1

 Session 2

 Session 3

 Session 4

 Action Learning Sets

 Evaluation

 Celebration Events

Putting the right pathways in place locally will improve experience and outcomes, and support achievement of national targets

Category	Example injuries/illness	Response target
Category 1: Life-threatening	Cardiac arrest Severe allergic reaction	7 minutes on average, and 90% of calls in 15 minutes
Category 2: Emergency	Stroke Severe burns	18 minutes on average, and 90% of calls in 40 minutes
Category 3: Urgent	Late stages of labour Non-severe burns	90% of calls in 120 minutes
Category 4: Non-urgent	Diarrhoea Vomiting	90% of calls in 180 minutes

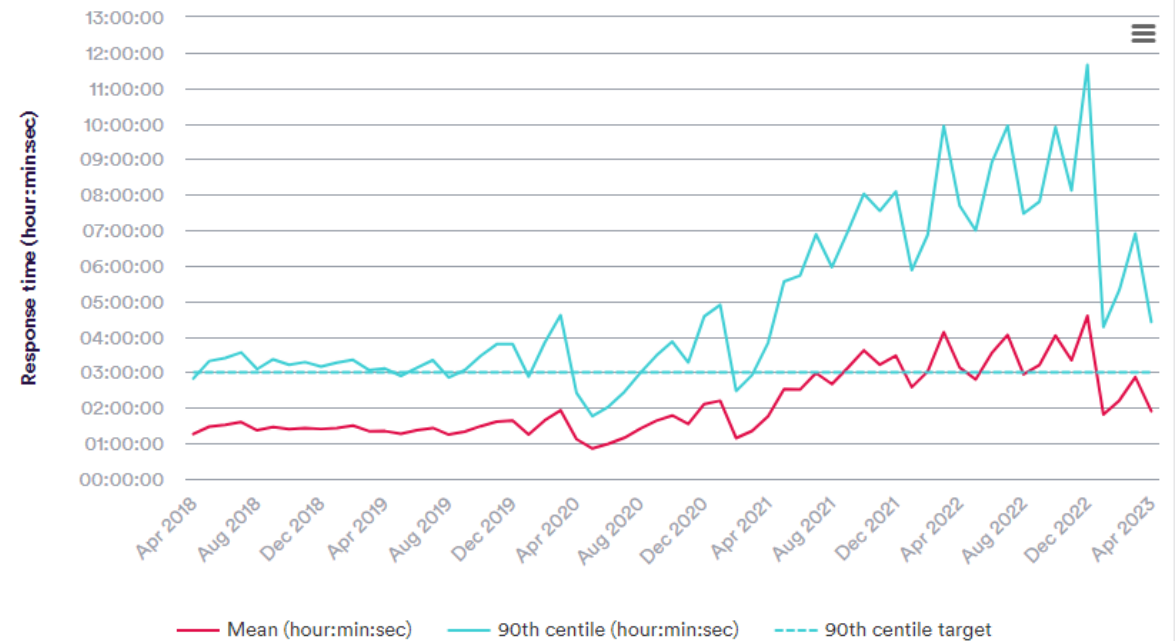
Winter 2023 ambitions - diverting activity away from emergency control rooms through:

- Establishing 999 (and 111 / CAS) pathways into UCR
- Diverting calls before they reach the ambulance service, by establishing TEC to UCR pathways
- Discharging UCR referrals who need ongoing support to virtual wards (step up)

How have response times for Category 4 (less urgent) calls changed over time?

27/06/2023

QualityWatch



Support is available to make the winter 2023 ambitions a reality, and we want to do more to help



Technology Enabled Care (TEC) Referral Guidance

Direction on how TEC providers are to establish referral pathways into Urgent Community Response (UCR)

Developed in partnership with




The voice of technology enabled care Quality · Safety · Innovation

Version 1.0

5 'gold standard' indicators for areas to work towards

1. There are direct referral routes in place from locally operating QSF-certified TEC responder services into the UCR service, which don't rely on clinician-to-clinician referral
2. Only activity which is inappropriate for UCR response is directed to 999, with responsibility being maintained by the TEC provider until this transfer of care occurs
3. The UCR service has open lines of communication into its locally operating QSF-certified TEC responder services, which limit the amount of rejected referrals due to capacity limitations
4. Training on app available to responder ser having an 'acc' from providers v
5. [Indicator partially obscured]

Develop and implement

Once the current pathway is identified, UCR services and their locally operating QSF-accredited TEC responder services should collaboratively start to develop and implement the referral routes and pathways

Develop:

A project team

- Bring the right people together to further develop relationships including UCR, Responder Services and any relevant local commissioners.
- It's suggested this is led by regional/place-based leadership to ensure scale of pathway.
- Determine the dedicated project resource needed to help establish the pathway and manage then project
- Develop and deliver a shared understanding and buy-in of what needs to be achieved

The pathway

- Clarify the pathways already in place to connect these services, ensuring clear onward referral processes are in place
- Develop a shared understanding of the services that are being connected
- Understand any barriers to implementation, how to overcome them, and who can help
- Determine use of the TEC Quality Decision Support Tool (DST), and the requirements for using DST
- Develop process for direct referral including telephone numbers, a minimum information standard, referral acceptance criteria, etc. with the ambition of making referral straightforward and minimising rejections
- Determine the training requirements of both the UCR and TEC workforce.

Training

- Develop modules collaboratively so that each service understands how the other works, any standard operating procedures processes and communication requirements
- This should include a focus on integration and collaboration between providers, creating a 'better together' culture

Service development indicators to measure success (examples below), which its suggested are collated by the UCR services

- number and type of referrals from TEC providers
- time to respond from initial call
- outcome of response
- service user experience
- number of rejected referrals and reason

Requirements for NHS Service Finder

- As a minimum, UCR services (and others identified as part of the mapping exercise) are represented on the Directory of Service (DoS), flagged for NHS Service Finder and accepting referrals from all health and social care providers, including TEC providers
- Ensure NHS Service Finder / DoS is up to date including the hours referrals are accepted, clear instructions on how to access the service, clear inclusion and exclusion criteria (though this should be kept to a minimum in line with 'accept all' policy) and the geography the service covers

Implement:

The pathway as agreed by the project team through the development stage, carrying out:

- Implementation of any phased approach etc.
- Ensuring referral routes are active and all staff are aware
- Any new software or systems are in place and tested

Training

- Deliver training to all the workforce on new processes and pathway including DST, where applicable
- Ensuring all of the workforce are aware of relevant processes and pathways

Many areas already have

Colchester

Overview

- Telecare and an Urgent Community Response (UCR) team have been working together over the last year in a collaboration that's helping to alleviate pressure on Ambulance Services in North Essex.

Outcome

- The partnership has resulted in a rise in referrals between the two services. Crucially, the UCR takes referrals directly from the Ambulance Service and many are now passed on to Helpline 24/7.
- Between December 2022 and February 2023, it sent an average of 27 Ambulance Service referrals a month to Helpline 24/7 – helping to prevent hospital admissions and unnecessary 999 call outs.

Outc

- number of ambulance callouts for injured fallers reduced by 85%.
- To date, all callouts alongside UCR teams have been reached within 45 minutes.

Lancaster

Overview

- TEC providers, Responder, UCR and Ambulance Services working together to ensure vulnerable people get the most
- Appropriate support in the right place whilst reducing pressure on frontline services

Outcome

- Between January 2022 and February 2023, Progress responded to more than 13,000 falls-related calls of which 94% remained at home
- Plans are now in place to implement these new arrangements across the area covered by the Lancashire and South Cumbria ICB

Warrington

Overview

- Connecting TEC providers, UCR and Responder services together to develop blueprint for integrated services to ensure speedier response when someone is at home and in need of support.

Outcome

- Services are available 24/7 with attendance in usually less than 60 minutes on average reducing pressure on ambulance services.
- Outcomes are positive with 80% of people remaining at home following a visit.

10

Access [menti.com](https://www.menti.com) using code **53 85 56 7** to help us understand what we can do to accelerate TEC referrals into UCR

