



# URGENT CARE IN THE COMMUNITY

A quick guide providing practical tips to healthcare systems for managing patients with urgent care needs safely in the community

# INTRODUCTION

Providing urgent care in the community can reduce the need for hospital admissions. This quick online guide provides ideas and practical tips to Local Health Boards and the Welsh Ambulance Services NHS Trust on how to safely manage patients with urgent care needs in the community. It also provides advice on opportunities to better collaborate with organisations and services for the benefit of citizens and the unscheduled care system at times of severe or extreme pressure.

A broad range of representatives from a range of organisations and services (including from primary and community care, the ambulance service, the Chief Ambulance Services Commissioner, Welsh Government and through the National Programme for Unscheduled Care Board) worked together on the development of this Quick Guide to identify existing solutions to common problems that can be implemented quickly.

The practical tips within this Quick Guide are to be taken as pragmatic recommendations to support local health and care systems; they are not mandatory.

The recommended way to use this quick guide is to convene a local working group of all key stakeholders and to use the contents as a checklist for discussions and to support identification of joint solutions that are right for your locality.

The Emergency Ambulance Services Committee's 5 Step ambulance patient care pathway can be used as an organising tool by local systems for planning initiatives to provide the optimal response to people with urgent care needs in the community (see annex 1).



## A National Programme for Unscheduled Care product

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### CULTURE:

Enabling improvement in how emergency ambulance and community and primary care services and work together.

#### Has the local system:

- Arrangements in place for working in partnership and building trust, and physically meeting at least once every six months?
- An understanding of the role and responsibilities of emergency ambulance services and primary and community care, and their existing pressures?
- Considered pooling resources to optimise services and reduce organisational boundaries?

## IMPROVING COMMUNICATION:

### Does the local system have:

- Local agreement on how emergency ambulance services and primary and community care services can engage at an early stage at times of increased pressure?
- Named contacts in place?
- Agreed escalation processes at times of increased pressure? Do Health Board leads clearly communicate with primary care services when there is severe / extreme levels (levels 3 and 4) of pressure on the acute care system, including when WAST is under significant strain?
- An agreed way of communicating messages that identify other possible options than 999 or Emergency Departments where clinically appropriate?
- Agreement on how GPs, in particular, can be encouraged to consider very carefully means of safely looking after patients short of admission to an acute site?
- A method to communicate a balanced message, praising primary care colleagues for the work that they were doing in managing patient demand at a difficult time?

## SHARING INFORMATION:

This should allow a much stronger local dialogue between LHBs, WAST and practices as well as local identification of possible solutions.

### Does the local system have:

- A local way of systematically sharing examples of incidents where an ambulance was despatched but where alternatives were suitable (where possible)?
- A system where examples of ambulance calls where alternatives could have been used are shared with Directors for Primary, Community and Mental Health for local action?

## A SINGLE POINT OF ACCESS

Establishing day-time single points of access to identify primary / community care services to support 'amber 2' calls (where clinically appropriate) can help the unscheduled care system de-escalate.

### Does the local system have:

- A day-time single point of access in order to identify if primary or community services could support appropriate 'amber 2' patients as an alternative to an ambulance response and conveyance to Emergency Departments?
- An agreed approach for Local Health Boards to consider utilising senior clinical staff to work with the ambulance service to review the call 'stack' during times of severe or extreme pressure (see annex 2 for further guidance)?
- A similar link into out of hours services teams to enable appropriate patients to receive secondary triage to identify whether alternatives can be provided during evenings and overnight?

## FIRST POINTS OF CONTACT WITH HEALTHCARE SERVICES\*

### Has the local system considered:

- Using advanced paramedic practitioners\*\* who have extended training in assessing and treating people with medical emergencies?
- For people who are at increased risk of developing a medical emergency:
  - Considered providing advanced community pharmacy-based services?
  - Considered providing advanced pharmacist services in general practices?

\*\*Advanced clinical practitioners should be introduced in a planned manner to avoid depleting other sectors of health care.

## PALLIATIVE CARE

### Does the local system have:

- Plans to increase its capacity to deal with palliative care?
- An agreed approach to proactively using District Nurses and Specialist Palliative Care Nurses to support fast track continuing healthcare for both community patients, and for early discharge?

## COMMUNITY HOSPITALS

Additional community hospital capacity should be opened where possible to support patients to leave acute sites before returning home.

### Does the local system have:

- A plan for additional community hospital capacity to be opened, including non-ward areas, ensuring they are appropriately staffed?
- Proactively managed community hospitals with defined links back to their parent DGHS?
- Involvement of community senior nursing staff in ward board rounds as standard?

## ENHANCED CARE HOME SUPPORT

LHBs should enhance the support that they directly provide to care homes.

### Has the local system:

- Sought to proactively support and maintain residents within the home rather than to admit? Does this consistently include consideration of ANP, pharmacy, therapy input as well as contemplation of required equipment?
- Ensured treatment escalation plans are implemented for residents to reduce unnecessary emergency admissions?
- Considering including assessment duty teams, consisting of a social worker, occupational therapy and frailty nurse / integrated assessment nurses, to support joint visits with GPs to mitigate admission where possible and appropriate?

## COMMUNITY RESOURCE TEAMS

### Does the local system:

- Use their Community Resource Teams - with enhanced therapy input - to spot purchase for Care Homes and contracts in conjunction with social services and housing?

## DISTRICT NURSING SERVICES

LHBs should have 24-hour district nursing services linked to out of hours services

### Does the local system have:

- 24-hour district nursing services with direct links to GP out of hours services to support preventable emergency admissions?

## ACUTE RESPONSE TEAMS

Acute Response Teams (ART) should be established where possible

### Does the local system have:

- ARTs, or variations thereof, implemented where possible to assess and support patients who can be discharged home on IVs?

## MANAGING PEOPLE WHO HAVE FALLEN BUT ARE NOT-INJURED

LHBs should learn from the Aneurin Bevan UHB (ABUHB) 'Falls Reduction Programme':

### Has the local system taken learning from:

- The ABUHB falls reduction programme, which has shown evidence of success including utilisation of 'Mangar' lifting equipment in care homes to support with falls management?

## ADVANCED CARE PLANS

Offer advance care planning to people in the community and in hospital who are approaching the end of life and are at risk of a medical emergency. Ensure that there is close collaboration between the person, their families and carers, and the professionals involved in their care.

### Does the local system have:

- A clear focus on increasing awareness and use of advanced care plans with specific focus on care homes?

## WORKING WITH NURSING HOMES

### Does the local system have:

- Engagement with nursing homes to identify and manage deteriorating patients?
- An Advanced Care Planning team in-reaching into nursing homes to increase advanced care plans and focus on targeting those homes who have not yet engaged?

## GP OUT OF HOURS

### Has the local system considered:

- Changing the GP and OOH messaging to remove mention of dialling 999?
- Maintaining a consistent approach to taking WAST referrals?

## GP ADMISSIONS

### Has the local system considered:

- Ensuring all GP referrals to hospital (admissions) go by their own transport or a taxi unless there is a clinical reason (treatment required en route) for an emergency ambulance response?

## USEFUL METRICS

- 'Hear and treat' rates; 'See and Treat' rates (and other Ambulance Quality Indicators);
- Use of direct admission, alternative and community pathways;
- Access to anticipatory care plans for visiting clinicians / practitioners;
- Emergency admissions via Emergency Department;
- % of urgent' calls logged and returned within 20 minutes by GP Out of Hours services;
- % of urgent patients provided with an appointment to meet patient need within 2 hours by GP Out of Hours services;
- Ambulance conveyance rates to Emergency Departments, Minor Injuries Units;

# Annex 1

## EASC 5 step ambulance care patient pathway



- The intention of the 5 step model is to encourage and enable patients to access services through other, more appropriate means before their needs become urgent and/or life-threatening, and require a response from the emergency ambulance service.

# Annex 2

## Ambulance stack review guidance

### STEP 1:

- Access the *All Wales Integrated Unscheduled Care Dashboard* via your intranet (<http://nww.iuscdash.wales.nhs.uk>).
- Whilst on the *All Wales* tab of the dashboard, scroll down on the ambulance section of the dashboard and click more activity, see red circle:

The screenshot displays the 'Integrated Unscheduled Care Dashboard: Activity' for All Wales. The top navigation bar includes links for Home, Performance, and External Factors. The main content area is divided into several sections:

- Alerts and Warnings:** Tuesday, 6 March 2018 at 15:43. Includes a link to the latest information and an executive conference call rota.
- Escalation Status Levels:** A map of Wales with colored dots indicating escalation levels (Level 1 to Level 4).
- Primary Care:** NHS Direct Wales metrics including calls to 0845 (749), calls referred to 999 (28), and calls referred to A&E (114).
- Ambulance:** A bar chart showing ambulance activity and a table of hospital delays. A red circle highlights the 'More Activity >' link at the bottom of the table.
- A&E:** Metrics for current and aged 85+ patients, and attendances in the last 24 hours.
- In Hospital:** Bed occupancy metrics (Total 99%, Medical 100%, Surgical 99%) and a Neonatal Cot Locator.
- Admissions, Beds, and Post Treatment:** Detailed metrics for elective/emergency admissions, bed status (Open, Surge, Closed, Outliers), and patient outcomes (Medically Fit, Delayed Transfers of Care).

**STEP 2:** Click on 'Live Incident' stack



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**More Activity**

These reports provide more detailed information about live, ongoing incidents, and hospital attendances.

<b>Demand</b> <span style="border: 2px solid red; border-radius: 50%; padding: 2px;">Live Incident Demand</span> <small>by StopCode</small>	<b>Response</b> Response Matrix Inter Hospital Transfers	<b>Performance</b> Red by LHB by Hour   by LHB by timeband
<b>Constraints</b> Vehicles at Hospital Now Hospital Turnaround		

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Trial Response Model Indicator Descriptions  
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Aneurin Bevan
Cwm Taf
Cardiff and Vale
Betsi Cadwaladr
Abertawe Bro Morgannwg
Hwyel Dda
Powys

**Current incidents - Cardiff and Vale - 06/03/2018 15:52:51**

This report lists all live incidents in the selected LHB, together with allocated vehicles. If the vehicle has specified a destination hospital it will be shown. All locations have been redacted. If the vehicles do not display, refresh the page.

If you require further information on these incidents, such as more accurate location information, you will need to contact the Health Informatics Service Desk on 0200 123 95 60 or by email [Amb\\_HIH@nhs.uk](mailto:Amb_HIH@nhs.uk), stating your business need. If accepted, you will be provided credentials to utilise our EMS Gateway system.

Incident	Callign	Type	At Scene	Left Scene	At Hosp	Destination Hospital	Clinic
P0221389 (AMBER2) - 11:06hrs - Cardiff Age 26, OVERDOSE/POISSONING (INGESTION)							
P0221744 (AMBER1) - 14:02hrs - Cardiff Age 72, BREATHING PROBLEMS	SA1024	EAP	14:17	14:33	15:06	UNI HOSP OF WALES	A&E
P0221909 (AMBER1) - 13:32hrs - Cardiff Age 85, HAEMORRHAGE/LACERATIONS	SA1070	EAP	13:27				
P0220962 (AMBER2) - 01:53hrs - Cardiff Age 23, TRAUMATIC INJURIES, SPECIFIC							
P0220843 (AMBER2) - 08:35hrs - Cardiff Age 83, DOWNGRADE TO AMBER 2							
P0221478 (AMBER2) - 11:56hrs - Cardiff Age 45, OVERDOSE/POISSONING (INGESTION)	SA1063	EAP	14:14	14:34	15:06	UNI HOSP OF WALES	A&E
P0221476 (AMBER2) - 11:55hrs - Cardiff Age 85, SOX PERSON - SPECIFIC DIAGNOSIS							
P0221479 (AMBER1) - 11:57hrs - Vale of Glamorgan Age 70, HEART PROBLEMS (A.I.C.D)	SA1062	EAT	13:30	14:12	14:45	UNI HOSP OF WALES	A&E
P0221549 (GREEN3) - 11:50hrs - Vale of Glamorgan Age 83, HEALTH CARE PROFESSIONAL							
P0221611 (AMBER1) - 13:05hrs - Vale of Glamorgan Age 82, HAEMORRHAGE/LACERATIONS	SA3001	UCS	13:23	14:05	15:03	LLANDOUGH	A&E
P0221672 (GREEN3) - 13:29hrs - Vale of Glamorgan Age 83, HEALTH CARE PROFESSIONAL							
P0221705 (AMBER2) - 13:43hrs - Cardiff Age 70, FALLS	SA1002 SR9902	EAP RAV		14:38			
P0221743 (GREEN3) - 14:02hrs - Cardiff Age 84, HEALTH CARE PROFESSIONAL							
P0221748 (AMBER1) - 14:04hrs - Vale of Glamorgan Age 84, HAEMORRHAGE/LACERATIONS	SA1046	EAP	15:16	15:46		Princess Of Wales Bridgend	A&E
P0221798 (AMBER2) - 14:29hrs - Cardiff Age 80, STROKE - CVA							
P0221806 (AMBER1) - 14:32hrs - Cardiff Age 85, BREATHING PROBLEMS	SA1003	EAP	14:34	15:33		LLANDOUGH	A&E

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