



Urgent Community Response Teams (UCRT) Guide:

How to refer residents to our
service in mid and south Essex

What is UCRT?

UCRT is the collective name for the community teams who respond to, and treat, the urgent needs of patients in their own homes (including nursing and residential care homes) with the aim of avoiding admission to hospital. We operate across mid and south Essex with a **response time within 2 hours**.

What does the service do?

The UCRT service offers quick access to a team that can assess the patient's needs, and where they do not need to be admitted to hospital, will provide them with care and treatment and make necessary arrangements for any ongoing care.

Our service has a range of specialists including senior nurse assessors, paramedics, prescribers, support workers, physiotherapists, occupational therapists, and social workers, who will support the patient to remain in their home or place of residence during an episode of illness.

The service covers four areas: Basildon and Brentwood, mid Essex, Thurrock, and Southend and Castlepoint and Rochford.

How do you refer a patient to UCRT?

Call our Single Point of Access: 0344 257 3951

If you are thinking of calling an ambulance for your residents for any of the below conditions, please consider UCRT first:

- Infections
- Minor illness and ailments
- Urgent (non-acute) medical requirements
- Exacerbation of long-term conditions eg COPD
- Simple trauma related wounds
- Non-emergency respiratory & walking frames conditions
- Falls / frailty / vulnerability
- Non-routine catheter management
- Urgent bloods to guide diagnosis
- Non-injury falls (assistance from the floor)
- Urgent end of life (if not under the care of district nurses)
- Urgent provision of equipment i.e. commodes

You will be asked for information about the residents' current condition. If possible, you can provide information on vital signs for example from a Whzan box or monitoring devices.

Exclusion criteria: patients under 18 years of age, acute medical emergency (e.g., sepsis), falls with suspected fracture or reduced consciousness, suspected trauma to head and on anticoagulant therapy.

*The patient must be registered with a GP within mid and south Essex.

For mental health crisis please call 111 Option 2.

In an emergency do not wait - dial 999

How long will patients be looked after by UCRT?

UCRT will provide short term support up to 48 hours to help with the patients' immediate needs. If they require ongoing support after this time, we will discuss their care requirements and make referrals to the most appropriate community services.

Please display the following poster in your staff areas to help identify when to refer to UCRT.

How to get the right clinical support for your residents

Emergency: Call 999

(unless patient is end of life – see below)

New onset central chest pain/heart attack/cardiac arrest, stroke (face/arm weakness, speech problems), or sudden onset severe pain.

First: Review yellow emergency/advance care plan, and follow any relevant guidance.

Urgent situation not requiring an ambulance: Call UCRT 0344 257 3951

Indicators may include:

- **Fall:** with no apparent serious injury or loss on consciousness.
- **Mobility:** 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 smelling urine / can't pass urine / reduced catheter output, diarrhoea.
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Stable resident with general health concern:

GP (add resident to the next GP weekly home round.)
e.g., medication review, skin condition, chronic pain review, general deterioration in health, weight loss.

Palliative resident with distressing symptoms:

If the resident is already under the care of a district nursing or hospice service for end of life care, contact the service for clinical advice and support. (If the resident is not known to a service, for urgent end of life care refer to UCRT as on opposite page).

To refer to UCRT: call 0344 257 3951

8am - 8pm, 7 days a week.

Response within 2 hours.

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:** The resident’s 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 possible.
- **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” such as changes in sleep or confusion.
- **RECOMMENDATION:** Ask the clinician what actions need to be taken, and agree what to do if there is a deterioration in the resident’s condition while awaiting the UCRT visit.

In an emergency do not wait - dial 999

This service is delivered as part of the
Mid and South Essex Community
Collaborative, a partnership between
EPUT, NELFT and Provide CIC.

www.eput.nhs.uk
www.nelft.nhs.uk
www.provide.org.uk

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