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'Making your voice count'

Urgent Community Response in Reading

How local people experience the UCR service: a report commissioned by Berkshire Healthcare NHS Foundation Trust

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Contents

Acknowledgments

Healthwatch Reading would like to thank the service users and carers/relatives who gave their time to give feedback.

We also thank BHFT for facilitating the interviews and giving us the opportunity to independently gather patient experience on this service. Thank you to: Sharon Andrews, Lesley Buckley, Catherine Kirkham, Emma Rockall, Reva Stewart and Abigail Taylor.

Executive summary

Healthwatch Reading, Healthwatch West Berkshire and Healthwatch Wokingham, were commissioned by Berkshire Healthcare NHS Foundation Trust (BHFT) to capture experience of people referred to its Berkshire West Urgent Community Response (UCR) service.

UCR aims to prevent unplanned hospital admissions by sending a team to people's usual place of residence within 2 hours of a referral for a crisis such as a fall, injury, or deterioration in health or within 2 days as part of a 'reablement' response. BHFT sought patient experience to find out what was working well and any areas for improvement.

Within the Reading locality, care provision is delivered by the Reading Borough Council reablement team for both 2-hour and 2-day pathways. (Within the West Berkshire locality, care provision is delivered by a range of sources including inhouse teams from BHFT, West Berkshire Council as well as external providers).

This report covers findings from 20 interviews of Reading people. Healthwatch Wokingham and Healthwatch West Berkshire have also published their own reports.

If there were any concerns raised by service users and/or their carers during the interviews, local Healthwatch escalated this to the services following individual consent.

People/relatives told us:

- Response times varied - from 1¾ hours, to within a week to "really quick"
- Some delays appeared to relate to other services such as emergency ambulance
- They didn't know what to specifically expect from UCR, mainly just 'help'
- They believed the service was called, variously, 'rapid response', 'urgent response', 'community response', 'two-hour response', 'older services' or 'intermediate care'
- The care they received was very good and UCR staff were kind and caring
- The interventions included explanations, equipment, exercises, and checks
- They sometimes weren't sure which service various professionals were from
- In some cases, they couldn't remember the visit or care
- They sometimes didn't know what was going to happen next when UCR ended and how to get information on adult social care
- In some cases, relatives living with them couldn't help because of their own needs
- In some cases, carers/relatives told us they felt tired or confused in trying to support an elderly parent and liaising with multiple professionals.

HWR recommended that BHFT should:

- Improve awareness of UCR among the public and professionals
- Review communication methods and access for very vulnerable service users
- Review how people are discharged from UCR and linked up with other services
- Share the positive feedback received from patients with UCR staff.

BHFT welcomed Healthwatch Reading's report for its "valuable learning points" that will feed into current and future service developments.

Background information

Healthwatch Reading (HWR) is the statutory health and social care champion for people in the borough of Reading. It is part of a national network of 150 local Healthwatch and its role includes gathering public feedback about local services, visiting services and providing a free information and advice service.

One of the main aims of HWR is to hear from people experiencing health inequalities and whose stories often go unheard. This includes people who are very old and frail.

HWR is a charity and employs a small dedicated team, independent of NHS and social care services. However, it strives to work in collaboration with providers and commissioners to influence improvements for local people.

Berkshire Healthcare NHS Foundation Trust (BHFT) is the main provider of community and mental health services for people living in Reading, Wokingham and West Berkshire (an NHS geography named as 'Berkshire West') as well as people in East Berkshire.

BHFT commissioned the local HW in Reading, Wokingham and West Berkshire to capture people's experience of using its Berkshire West Urgent Community Response service to see what was working well and any areas for improvement. BHFT chose to use local Healthwatch to ensure the independence of the findings and give people confidence to speak freely without any worries this would impact their care.

The Berkshire West Urgent Community Response (UCR) service is a specialist team aiming to prevent unplanned hospital admissions by supporting people in their usual place of residence within 2 hours of a crisis such as a fall, injury, or deterioration in health or within 2 days as part of a 'reablement' response to offer extra support.

The team includes nurses, paramedic practitioners, health care assistants, occupational therapists, physiotherapists, therapy assistants, carers and geriatricians.

Referrals can be made by a variety of professionals including GPs, district nurses, social care, and hospital staff (for people who stayed in hospital less than 48 hours).

The service runs 8am-8pm seven days a week. People on the 2-hour pathway receive 4-5 hours care on average, through regular visits for up to a maximum of 14 days. People on the 2-day pathway typically receive care that lasts less than six weeks.

This a free NHS service.

The UCR was preceded by similar services, including a Rapid Response service, and a Rapid response and Treatment Service that went into care homes.

Methodology

A robust data sharing process was created between BHFT and the local Healthwatch to allow BHFT to pass over names and contact numbers of people living in their boroughs who had recently been seen by UCR. BHFT informed people in advance. Local HW were told which pathway the person had been referred onto (2-hour or 2-day) but had no access to medical records, care notes, or any other personal information such as addresses.

HWR attempted to contacted 41 people and was able to complete 20 phone interviews during October and November 2021.

Face-to-face visits would have been preferable but were discounted due to the Covid pandemic. Some people didn't answer despite repeated attempts, some had gone into hospital, and some declined as they felt too unwell or couldn't remember details. Consent was obtained to record the interviews and share anonymous feedback.

HWR staff used five key questions to guide conversations:

1. **How soon after the referral or problem did you get a visit?**
2. **What kind of help were you hoping to get from the visit?**
3. **What happened during the visit?**
4. **What did you think of the care you received during the visit?**
5. **Is there any other feedback – good or bad – you'd like to give?**

The three local HW carried out their interviews independently of each other and have also each submitted their own report on findings. (Local Healthwatch are commissioned on a borough-by-borough basis and across Berkshire West they are run by three different charities).

About the service users

Healthwatch Reading carried out interviews with 20 people and had partial conversations with a further four (who gave us brief comments but did not want, or were unable to, fully take part).

Of the 20 service users:

- 11 were women
- 9 were men.

Of the 16 service users who disclosed their ages to interviewers:

- 1 was aged under 65
- 2 were aged 65-69
- 6 were aged 70-79
- 5 were aged 80-89
- 2 were in their 90s

The oldest interviewee was 96.

In terms of the pathway that people had been referred to:

- 12 were on the 2-hour urgent response pathway
- 8 were on the 2-day urgent response pathway

Some people needed assistance from others to complete the interviews:

- 10 interviews were with the service user only
- 8 interviews were with a relative only
- 2 interviews were with the both a service user and a relative.

Of those people who disclosed the care need/s that had prompted the referral:

- 9 people said they'd had a fall
- 6 mentioned general poor health or mobility
- 2 had been discharged from hospital
- 1 person mentioned a non-fall injury
- 1 person needed emergency care after their spouse went into hospital
- 1 person said they were having End-Of-Life care

Theme 1: Responsiveness of the service

The interviews elicited 10 specific time-frames in terms of how quickly people thought urgent community response (UCR) arrived. These ranged from '1 and ¾ hours' to 'within a week'. A further three people described the response as 'very' or 'really' 'quickly'.

It is important to note that people often counted the response from the time of their fall or other problem starting, which may differ from the time UCR received a referral. Service users did not always know which response pathway (2 hours or 2 days) a professional had referred them onto.

Some people had fallen late at night when the UCR service does not operate.

Other services may have been involved between the problem and referral.

Some relatives who spoke on behalf of service users were not present at the time and may have been estimating the response.

Service users' perceptions of response times	Service user's pathway
1 & ¾ hours	2-hour
Same day	2-hour
4-5 hours	2-hour
9 hours	2-hour
Next day	2-hour
Next day	2-hour
Next day	2-day
Day or two	2-hour
48 hours	2-day
Within a week	2-day
'Very quick'	2-hour
'Really quickly'	2-day
Very quickly'	2-day

Service user/relative comments about response times:

"I had the accident at midnight…and I'm sure it was the following day when two nurses came."

"It was the same day, amazingly."

"[The GP] initiated it many weeks ago on the basis that when it was needed, I'd just phone….It was very quick."
"They came very quickly. They came the week she come out of hospital…"

"[My son] had a shock when he come in and found me on the floor. So he phoned again about it and they said they would send somebody as soon as they can." [Service user describing four hours on the floor, after first contacting her alarm call centre. Service user could be describing a long wait for a paramedic rather than UCR].

"I rang the surgery to see if they were coming that day…she said: 'We can't get in touch with them, we don't know if they will be coming today.'….They did actually come…about four or five hours."
[Relative describing what happened after a paramedic based at the doctor's surgery visited a service user after a fall and made a 2-hour referral to UCR. When UCR arrived, they did explain they had been busy that day].

"I wasn't very impressed."
[Service user who'd had a fall at home at 11am, then waited for paramedics who never arrived, but she thinks UCR nurses turned up at 8.30pm]

Theme 2: Awareness & expectations of the service

There appeared to be no consistent understanding of the UCR service. In some cases, we believe people confused it with the ambulance service, the reablement team provided by Reading Borough Council, or adult social services.

People described UCR in various ways, based on information they were given from referrers or UCR team members when they arrived:

- Rapid Response
- Urgent Community Response
- Community Response Team
- Intermediate Care Team
- The Two-Hour Response Team
- Older Services

Service user/relative comments:

"I think it has the word 'urgency' in it."

"I don't know what that means by 'urgent response'. He did have falls a few years ago when the ambulance came, I'm not sure what they are referring to this time. Nothing dramatic has happened on [date of visit] so I'm not quite sure."
[Relative of man with dementia who was unaware UCR had visited]

Most people were unsure what they had wanted to get out of the UCR visit, suggesting that the referrer may not have discussed this with the service user in advance. The most common hope was that they would get some kind of 'help', with hardly any people mentioning specific assistance such as physiotherapy or equipment for the home.

Only one person specifically mentioned that the aim of the visit was to avoid going into hospital. This person was significantly younger than the rest of the interviewees and was able to describe in detail their multiple health conditions and challenges.

Service user/relative comments about what they hoped from the visit:

"I wasn't expecting anything to be honest with you."

"I haven't got a clue, really. The doctor said I obviously needed the help."

"[I do] not really [know they came]. I suppose it was to see how I was."

"Well, we didn't even know they were coming, to be truthful, until we got the call….it's all new to us…because who's what and who's who."

"You know I wasn't sure but it was to help me with food and get my health back together." [End-of-life patient]

"[We hoped mum] could just do more on her own and be safe around the home," [Relative]

"Because I was in a bit of a confused state, I didn't actually realise [beforehand] that she [the UCR staff member] could do more for me that just look at my knee."

"Just some help. I didn't know what was available, just some assistance with the scenario of the situation and my mum's care."

"Only some physio."

"Help at home."

"We just wanted to know if he was going to be okay."

"A thorough check-up."

Theme 3: Quality of care

The majority (18) of service users/relatives gave positive feedback about the care received during the visit.

People mostly described receiving explanations, exercises or equipment during the visit or on subsequent visits.

Some people commented on good communication, and especially appreciated being phoned about visits in advance and one person praised staff for wearing face masks.

A small number of negative comments suggested people felt care hadn't lived up to their expectations or people may have been referring to care from other services.

Service users/relatives' perception of who visited

- Physio (mentioned by 10 people)
- Nurses (8 people)
- 'Lady/'Two ladies' (6 people)
- OT (2 people)
- Paramedic (1 person)
- Adult social services (1 person)

Comments about type of care received

"[They were] making sure that I could go up the stairs if I wanted to go to the loo or anything, making sure that I did that correctly - you know - toes touching the back of the staircase".

"They asked a lot of questions about my mobility and things like that…the building…about safety."

"When they came to see me, a lady came in and said, 'I'm the community nurse. I'll be coming for a week and then the carers will just carry on until such times that we can sort out what's going on'. There was another lady as well and they sat in the chair, talked me through everything."

"The nurse we had today was very good, really knew her stuff, took bloods from Dad really well. Dad's really happy."

"They wanted to see [the service user] walk, how she handled the stairs, how she got to and from the toilet. They did a very thorough job…" [Relative]

"[The physio] helped me and explained things to me….She came back with something for me to roll so I can roll my fingers."

"They came to check my blood pressure, do bloods and to assess me to see what I would need after them."

Comments praising care received

"They got me the dream team straight away….absolutely marvellous. I think the NHS and Older Services are second to none."

"She was superb, she covered everything and more, she was very, very sympathetic. She was extremely caring and in fact she's the best person to send out because she does understand the situation, she takes time, she listens, she makes notes, she takes everything seriously and I felt so relieved."

"Very good."

"They showed me badges as well [as introducing themselves], they were very professional."

"In general, honestly, they're fantastic."

"Very nice…very polite. Did all the proper protection. They brought their masks and they did everything they should be doing. They were brilliant."

"[They] seemed to be doing a good job."

"I'd definitely give them 10 out of 10 at the moment, what they are doing for her." [Relative]

"He [the physio] is very professional…I can only say good things about him."

"I've no complaints at all. There were four nurses at different times and they were very good indeed….They're very polite…warm."

"Yeah, we were both happy….and they kindly arranged another appointment to see my mum for tomorrow." [Relative]

"I was really happy with the service. They were really quick and really helpful."

"They were helpful and caring."

"Anyone that comes is very good, very nice, helpful."

"They were excellent, very, very good, very impressed, very prompt, very courteous and clearly very professional."

"[They] were ever so nice."

"[The physio] was really brilliant."

Comments raising concerns

(Interviewees were unable to confirm for sure if the staff they were describing were from the UCR service or from a separately arranged service).

"It [my care notes] says that I am fully mobilised and I'm not – I've got a walking stick and a Zimmer frame. And also put my mood…things like I'm chatty and happy, which I'm not, I'm not well at all."

"It wasn't satisfactory, really. I thought I would get more help than I did, but apparently, the only help I was meant to get that night was food and drink…and I asked the lady to do more [personal care task] which was outside her remit probably."

"The lady we had the day before, my Dad doesn't really want her in the house, he finds her aggressive and not very caring." [Relative]

"They was nice enough…but they weren't my district nurses…They were like national district nurses, so I hadn't got a clue who they were."

"When the paramedics come, if you've got a head injury, they ask you to follow your finger and they do two or three basic tests to make sure that you haven't got concussion. Well they did none of that."

"It's a different person every day. The lady today was more thorough – she was here for longer. The lady yesterday was in and out like nobody's business. I asked her could she just make my bed and she said no. I know that's not what they're here for. But I just needed help making the bed, that's all."

Theme 4: Discharge from UCR & Integration

UCR, as a short-term intervention, lasts for a maximum of 14 days, but on average 4-5 days, according to BHFT.

Of those interviewees who could recall details, five people confirmed they had been given a leaflet by staff and five said they had been left a phone number to call if they needed more help. Four people said they knew how to contact other services, like their GP or 111. Other people could not remember.

Two people, both relatives, raised concerns that they didn't know what was happening next. Another person was distressed that she still didn't know what was medically wrong, while another expressed worries about having to pay for care in the future.

Some of the responses gave an impression that people could easily fall between the gaps of various services, especially where people had dementia and had lived alone.

Case study

A man in his mid-80s had a fall over the weekend. It is unclear if he spoke with or had any contact with 111 or ambulance emergency services.

His adult daughter arrived on Monday morning and contacted her father's GP surgery. They sent out a paramedic practitioner by lunchtime, and that professional referred him to UCR on the 2-hour pathway. The UCR team was very busy and arrived 4-5 hours later.

The daughter says the UCR team members were 'helpful and caring' during the visit, and checked his vitals, took blood, checked blood pressure and got him up and walking to see how mobile he was. They also said they would arrange some care but she is worried they had assessed him as being able to manage more than he can. "We see him at his worst…he's much worse at different times of the day."

The daughter said she felt very confused with the process.

"I remember saying, when they actually did leave, 'Well what will happen now?' I think I spoke to the nursing side of the two ladies. I'm sure she was saying, something like, 'he'll be under Rapid Response care'. I don't know if she said three or four days, or two to four days, 'and then after that he'll need some more care'.

"So I remember saying, 'Do I contact Social Services for that?' Because I'd already done that earlier in the day, because my GP had said you've got to get some equipment, start knocking on doors because he's got to have some care. I'd tried the adult social services people, and I'd not had any response. I remember saying to one of the girls as she was going out, and I think she said they will contact you. So, I just assumed that's what was going to happen. I didn't know how it was going to take place."

A few days later the daughter had a call from 'Rapid Response' stating they were 'finishing care'. She was worried her dad would be on his own but the caller reassured her that carers would come in. However, she had not been contacted about these arrangements and was worried there were going to be care charges. If they had told her dad about the carers, she didn't think he would remember, as he gets confused.

Case study

A man in his 90s received a visit from UCR but could not recall any details and asked the interviewer to speak with his adult daughter.

The adult daughter said her dad has dementia and he doesn't think he needs any help. She thought most services had her number so they could contact her to make sure she was there during any professional visits but she hadn't been told about an urgent visit.

When she found out a physio had been, she contacted them to find out what exercises had been given to her dad.

The daughter said she had the impression that physio and OT had now "closed off" and she didn't have any details of who to contact.

"We're in that funny position, he's getting much more needy, we're trying our best. We're not sure what we're doing at the moment and he doesn't ask for help, we can't give it. We're really not quite sure what we're dealing with. I'm feeling like, I need to get in touch with adult social care again, not sure who to get in touch with you know as things get more difficult."

These case studies raised the following questions:

- Do referrals to UCR contain sufficient information about people's level of needs (e.g., dementia) and support systems (how to contact a carer/relative)
- Can UCR access and immediately update shared records (e.g., Connected Care) so any subsequent health or social care professional knows if a recent visit has taken place, especially if the person can't remember?
- As well as leaflets, do UCR team members leave any physical record of the date and name of the person who visited to help remind people who live alone and may be confused?
- How does the advice, information and navigation function work within UCR? Is there a 'social prescriber' or 'coordinator' function/role holder? (There are many local organisations – Healthwatch Reading included – who can give free advice on how the care and health system works)
- Can UCR seamlessly refer people onto other services, are their recognised pathways in place or do people have to go back to square one (e.g., back to their GP?)

Theme 5: Vulnerability of service users and carers

Healthwatch Reading was struck by the vulnerability of many of the service users, especially those who lived alone. Where people lived with other family, the carer situations sometimes felt precarious. This information was often disclosed as an afterthought in the interviews.

Case study

A man in his 90s recently returned home from hospital after a fall. His wife, also in her 90s, said one of their adult children lives with them but has their own needs. She described what happened on the night of her husband's fall: "He laid on the floor for seven hours and then they [ambulance] managed to come and fetch him and they kept him in A&E, laying on a bed there all night. We didn't know how to locate him or anything and then in the morning [another relative who lives elsewhere] managed to contact them and they said 'come and fetch him'. We've had no discharge notes, nothing."

She described how she and her husband did their best to avoid too much disruption such as contact with services, due to the negative effective it has on the adult child who lives with them. The fall had "unhinged" this adult child.

She added that her husband was "all smiles" and telling "yarns" to health professionals who visited but once they left, he was "a different person" and it was physically hard on her going after him as he went up and down stairs. She's hardly had any sleep for three nights running. "I'm shattered."

Case study

A man in his late 70s had had a fall in the middle of the night. He had been diagnosed with a neurological condition and had had a fall 3-4 months before the latest accident.

In the most recent case, "I aimed for a chair and fell over, didn't get the edge of it. I thought ''all I've got to do now is get in my proper chair'. But I didn't have the strength to lift myself up on the chair properly. I was like that for an hour a half. My head was sort of buried in the cushion. In the end I managed to turn around but it was still in a very uncomfortable position."

He said the 'wheelies' left by UCR would be a 'back-up' rather than something to rely on all the time. He really wants to go out into his garden but he can't get any shoes on because his feet are swollen.

"I'm obviously not safe, especially now."

Other examples:

- A woman in her late 90s who lives on her own had tried to summon help after a fall by pressing her alarm button. The alarm call centre told her someone would come out but paramedics didn't come until four hours later. (The UCR visit was later).

- A woman who lives on her own couldn't remember why paramedics had come out to her. She became tearful about her situation. "I don't know how to explain things…I get so confused. Can you come out and see me? I'm going round and round and round." (The interviewer asked some safety questions before discontinuing the interview so as not to upset her further).

- The adult son of a man who had a fall, described how he lived with his parents at home. His father was losing his hearing and his mother was experiencing memory loss. He was getting confused as he tried to liaise with multiple professionals.

- Another adult son said various people were coming in for him and his father. "I've got a nurse coming tomorrow for my legs between 8.30am and 4pm and I've got one for Dad, 9.30 morning, 9.30 at night, but that can be an hour or two out."

- A woman who'd had a fall said her adult son lived with her but he would be unable to help her if she falls again because of his own health issues.

- The wife of a man who'd had a fall said she and her husband were both disabled and "more or less housebound".

- The adult son of a woman said he'd not slept due to assisting his mum and everything being very hectic.

- A woman with Parkinson's said she was trying to keep her balance but it's difficult to walk.

The evidence we heard raised questions for the wider system about how it can assure the safety of people living alone, whether their social care needs are being assessed in a timely way and whether unpaid carers are having their needs assessed and supported as well to help prevent crisis situations.

Discussion and recommendations

Healthwatch Reading believes this engagement project has given a valuable insight into the experiences of Reading people at very vulnerable moments in their life. It is clear from the interviews, that people greatly valued the care they received from the Urgent Community Response service run by Berkshire Healthcare NHS Foundation Trust.

People described UCR staff as kind and caring and appreciated the practical help they received, whether it was simply checking they were 'ok', arranging home safety equipment, and giving them exercises to help them stay mobile. These visits have potentially averted disruptive or upsetting hospital admissions.

However, some people gave the impression of being passive recipients of care, lost in a wider health and social care system. This can be partly explained in some cases by people's own frailty or dementia – but also in some cases because they weren't told what the UCR was for, how they might help, how this service fits with other health or social care they might be receiving or might need in the future.

The findings of this report are timely as Urgent Community Response becomes a mandated NHS England requirement for all NHS integrated care systems by 31 March 2022. NHSE Guidance published in July 2021 states this service should:

- provide a 2-hour response service to crisis health needs (excluding mental health) to all adults aged 18+, in their own homes or usual residence (e.g., care home), across the ICS geography
- be available, at a minimum, 8am-8pm, 7 days a week
- accept referrals from 'all appropriate sources', including 'self-referrals', care workers, 111, 999, GPs and local authorities
- be referred into via single point of access
- submit performance data to show its meeting the 2-hour standard.

As well as receiving UCR, vulnerable, frail people may also self-fund – or get council funding for - regular home care visits for personal care on an ongoing basis or to get them through certain periods of extra need.

Patient experience data about UCR or Rapid Response appears to be sparse. A literature search revealed only two local Healthwatch-led reports on the topic:

- A 2019 report of a one-day visit to a rapid response service in Waltham Forest, London, and phone calls to patients, showed high satisfaction with care, but recommended increasing awareness of the service among GPs to improve appropriate referrals and to 'identify how best to deliver a collaborative service';
- A 2019 report interviewing 10 people in Buckinghamshire about rapid response, reablement and intermediate care ahead of an alignment of all services, also rated the care they received. But people didn't understand what their service was for, felt sad when it came to an end, and some worried about their future care.

Healthwatch Reading recommendations

1. **BHFT should improve awareness of the Berkshire West Urgent Community Response service among the public and professionals in order to:**
    - Ensure patients understand its purpose and have correct expectations of what it can (and cannot) deliver
    - Patients and carers hear it described the same way by various agencies and professionals, to avoid their own confusion, to know how to contact the service if there is an issue, and to know how to give feedback or raise concerns with the correct service
    - Be assured that GPs and other referrers are aware of the service's scope, hours of operation and how it differs or complements similar but separate services, so they can help explain the service to patients

    Awareness raising is particularly important for self-referrals and in educating the public before crisis situations arise and could be undertaken via talks at community forums and local charities.

    Leaflets about the service should include pictorial representations of the various professionals and any standard uniform, or examples of equipment, and be available in other languages and Easy read formats.

    BHFT should explore what support on awareness raising it can receive from the BOB ICS and/or NHSE in light of the NHSE mandated standard coming in for 2022.
2. **BHFT should review communication methods and access for very vulnerable service users in order to:**
    - Ensure referrers pass on, where possible, carer/next-of-kin details for people who live alone with diagnosed dementia or memory loss/confusion so they can be involved in helping the person to communicate, giving background information and planning future care needs
    - Leave confused patients who live alone with a record of the UCR visit that has taken place
    - Ascertain if shared records are adequate in giving an up-to-date picture of the patient's journey and most recent interaction with services.
3. **BHFT should review how people are discharged from UCR in order to:**
    - Ensure patients and carers/relatives understand the next steps if they need further care from other teams or services and how to contact those service
    - Identify whether there is a need to improve information and advice or navigation functions within UCR, either from each professional, as a distinct role, or as a routine signposting to a trusted, responsive I&A service.
4. **BHFT should share the positive feedback received from patients with UCR staff**

Response from Berkshire Healthcare

General

Berkshire Healthcare welcome this positive report as UCR is a new service delivery model, the report contains some valuable learning points and insights from the service user perspective that will feed into current and future service developments.

We are in agreement with the challenges that Healthwatch experienced when completing this survey given the cohort of service users and the trust will adopt the recommendations made when undertaking future surveys.

We recognise there are specific focus areas that require further improvements in relation to networking, signposting to a range of community and voluntary sector services and the need to review communication with our service users as appropriate to meet their individual needs.

Answers to specific questions raised on page 15 of this report:

Do referrals to UCR contain sufficient information about people's level of needs (e.g., dementia) and support systems (how to contact a carer/relative)?

BHFT: *There can be variation in the information received on referrals and as part of the triage & assessment process additional information will be sought from a variety of sources in order to gain insight into the individual's level of needs and support systems.*

Can UCR access and immediately update shared records (e.g. Connected Care) so any subsequent health or social care professional knows if a recent visit has taken place, especially if the person can't remember?

BHFT: *UCR Teams are able to access Connected Care and other clinical systems for shared records, however Connected Care provides a summary and does not give details of recent visits.*

Within internal Berkshire Healthcare clinical records, services are able to access up to date information on visits from other Berkshire Healthcare services.

As well as leaflets, do UCR team members leave any physical record of the date and name of the person who visited to help remind people who live alone and may be confused?

BHFT: *Currently this is not routine practice as services are paper light and is an area of improvement to be developed.*

How does the advice, information and navigation function work within UCR? Is there a 'social prescriber' or 'coordinator' function/role holder? (There are many local organisations – Healthwatch Reading included – who can free advice on how the care and health system works)

BHFT: *The service does not provide a social prescriber role or function within the team, however staff are aware and able to signpost individuals for this support. The services acknowledge that there is more work to do in relation to networking and signposting to a broad range of community and voluntary sector services.*

Can UCR seamlessly refer people onto other services, are their recognised pathways in place or do people have to go back to square one (e.g., back to their GP?)

BHFT: *Yes the UCR team can refer into a number of other services within health and social care without the need to refer back to the GP, unless there is a requirement that the referral is made by the GP.*

Response to Healthwatch Reading recommendations

1. BHFT should improve awareness of the Berkshire West Urgent Community Response service among the public and professionals

BHFT: *Awareness raising will increase and use of language will be communicated to all partners and stakeholders to ensure universal language*

BHFT understand the need for informative leaflets and currently the directory of services is being updated. Berkshire Healthcare will work with our communication lead to ensure that we have a comprehensive communication strategy that clearly defines the Urgent Community Response service for the public and professionals.

2. BHFT should review communication methods and access for very vulnerable service users

BHFT: *Berkshire Healthcare will review current communication methods to address the issues identified in the report. The service are currently implementing the use of fridge magnets which can be left behind in the patient's home after a visit from the UCR services allowing them to know that the team has visited, who did their care and which locality they were seen by. We will audit the patients' journey and interaction in 2022 to ensure the service have made improvements.*

3. BHFT should review how people are discharged from UCR

BHFT: *Berkshire Healthcare have a plan to review discharge pathways from the services and will work with partners to ensure service users understand the next steps.*

4. BHFT should share the positive feedback received from patients with UCR staff

BHFT: *The Healthwatch report in its entirety will be shared with staff.*

Contact Us

If you have any questions about this report, please contact the Healthwatch Reading team:

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