

# UCR MOBILISED: ACCELERATING URGENT COMMUNITY RESPONSE (UCR)

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Improving care for people experiencing a health and/or social care crisis through the delivery of urgent community care within two hours (8am-8pm 7 days a week) is a key NHS commitment. In Luton, our existing Rapid Response team delivered some elements of an ‘urgent’ response; however, it didn’t fully meet the national standard. This case study outlines our approach to implementing this change.

## UNDERSTANDING THE PROBLEM TO DEFINE THE GOAL AND IMPLEMENT CHANGE

The need for urgent care is surging, hospitals aren't always the best option with increased risks of infections, loss of function, and a loss of independence, particularly for elderly people. Long ambulance waits, A&E delays and pressure for hospital beds, our healthcare system is under immense pressure.

Create a UCR service responsible for promptly assessing, treating, and supporting individuals aged 18 plus within two hours, experiencing a health or social care crisis in their own homes, reducing unnecessary hospital admissions, and enhancing patient outcomes.

## OUR THINK QI APPROACH

### DEEP DIVE:

**Investigation of current pathways:** process mapping the current pathways revealed inefficiencies, risks and opportunities for streamlining processes. It also highlighted the limitations of existing data reporting procedures.

**Unveiled data insights:** analysed demand, capacity, and staffing needs for 2-hour target.

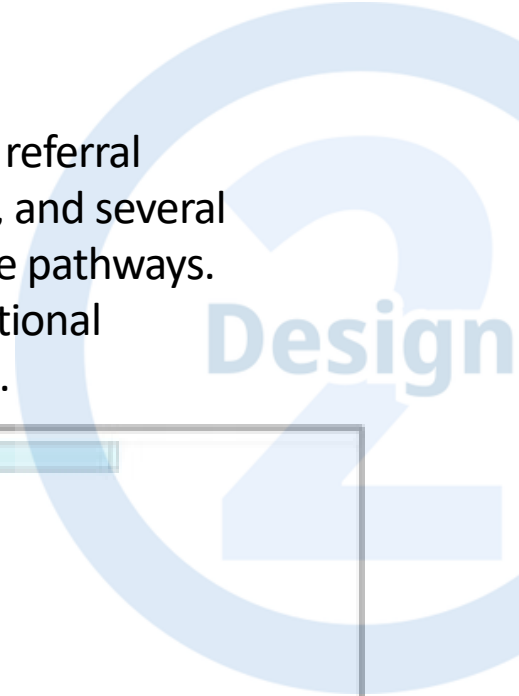
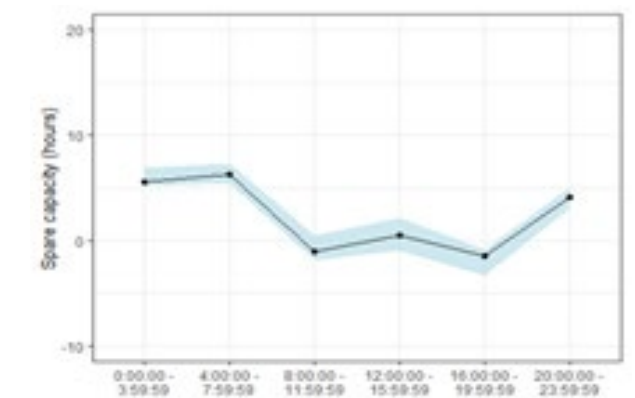
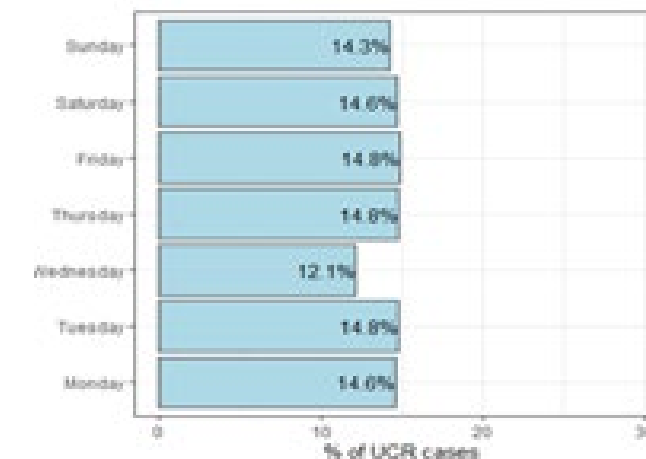
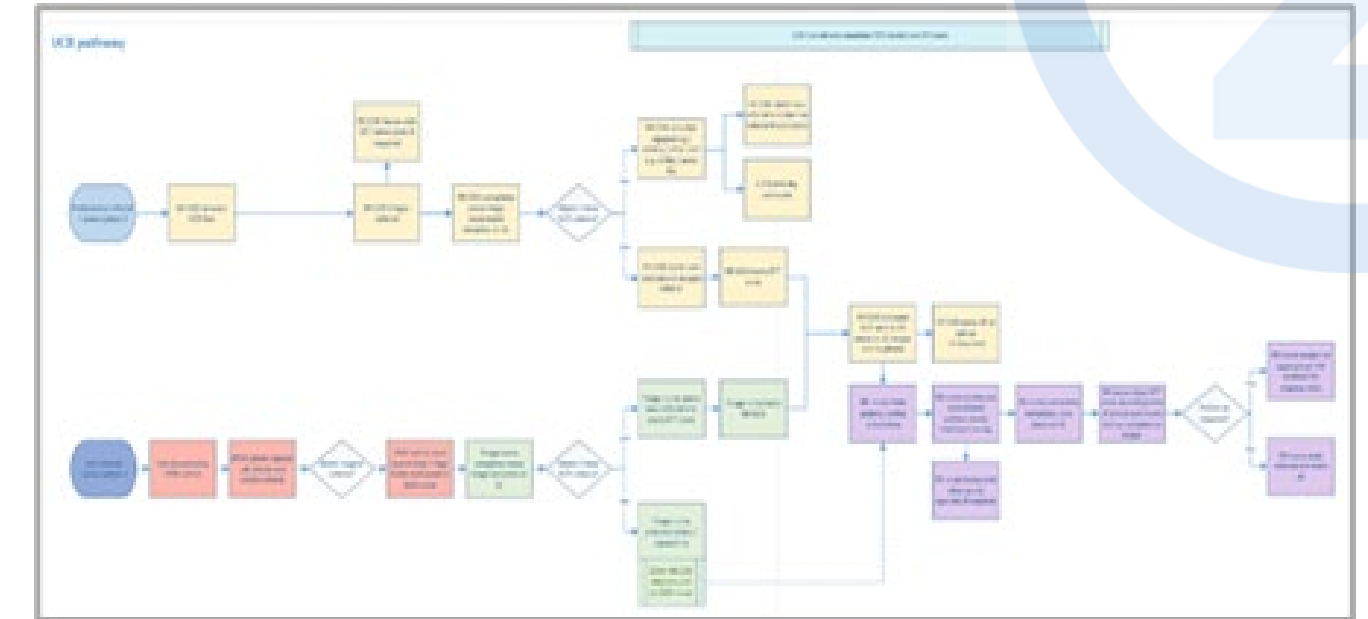
**Engagement:** workshops, A&E shadowing, ambulance control room visits, audits and GP discussions were held.

**Workforce development:** identifying any gaps in required skills.

**Learning:** gathered and reviewed learning from best practice from the ‘accelerator’ sites.

### DESIGN:

Staff participated in workshops to redesign internal referral processes, align on pathway criteria and conditions, and several partner meetings were held to collaboratively shape pathways. A pilot test preceded full implementation, and additional funding was secured for expanding the UCR service.





**DELIVER:**

Our UCR service launched in 2022 and has consistently achieved the maximum response time of 2-hours for people identified as needing and appropriate for community support. We achieved this by...

- **Streamlined pathways and clear roles:** We enhanced referral and triage pathways, making roles and responsibilities clearer while increasing efficiency.
- **Innovative care and support:** Multiple new care pathways, including health checks, call-before-convey, and falls referrals, have revolutionized our response to urgent needs.
- **Dedicated UCR phone line:** To further expedite service, we established a specialised UCR phone line, managed by our UCR clinicians.
- **Enhanced monitoring:** Our UCR data dashboard provides effective performance monitoring, ensuring continuous improvement.
- **Strengthened workforce:** We reviewed and updated job descriptions, enhancing recruitment, and implemented new staffing arrangements to align to service delivery. Enhanced skills of the team through a tailored training programme.
- **Introduction of the UCR Coordinator** role for team support.
- **Comprehensive resources:** We developed essential resources such as Standard Operating Procedures (SOPs), guidelines, and care plans to support our new pathways.

**OUTCOMES:**

**98%**  
OF PATIENTS WERE SEEN  
WITHIN 2 HOURS BY DEC 2022

**66**  
AMBULANCE JOURNEYS SAVED  
IN FIRST 3 MONTHS

**2,171**  
PATIENTS REFERRED TO UCR  
(POTENTIAL HOSPITAL  
ADMISSIONS AVOIDED)

**BENEFITS/SUCCESSSES:**

- 2,171 patients referred to UCR (potential hospital admissions avoided) in 2022
- 89% of patients were seen within 2 hours (by December 22 98% of patients were being seen within 2 hours)
- 66 ambulances saved in first 3 months since Access to the 999 Stack was implemented
- Increased UCR capacity 8am to 10pm, 365 days a year
- Improved patient outcomes and experience
- Increased awareness of UCR offer across the system
- Improved data reporting across the service
- Built great relationships with system partners through collaborative working – which strengthened other areas wider than UCR work
- Upskilling / development of staff

**EVOLVE:**

Post implementation and feedback sessions were held to capture learning and areas for ongoing improvement.

**LESSONS LEARNT:**

- Building trust amongst referrers takes time – referrals are still limited.
- Recruitment is ongoing but slow, with an emphasis on building a sustainable workforce.
- Collaboration is essential for pathway development, involving relationship-building and role understanding.
- Support from senior leaders, the ICS level, and the national team has been vital for maintaining momentum.
- Limited system data makes it challenging to demonstrate pathway impact.

