

Alison Smith¹ and Helen Jackson¹

¹Hounslow and Richmond Community Healthcare NHS Trust, London, UK

1. Background

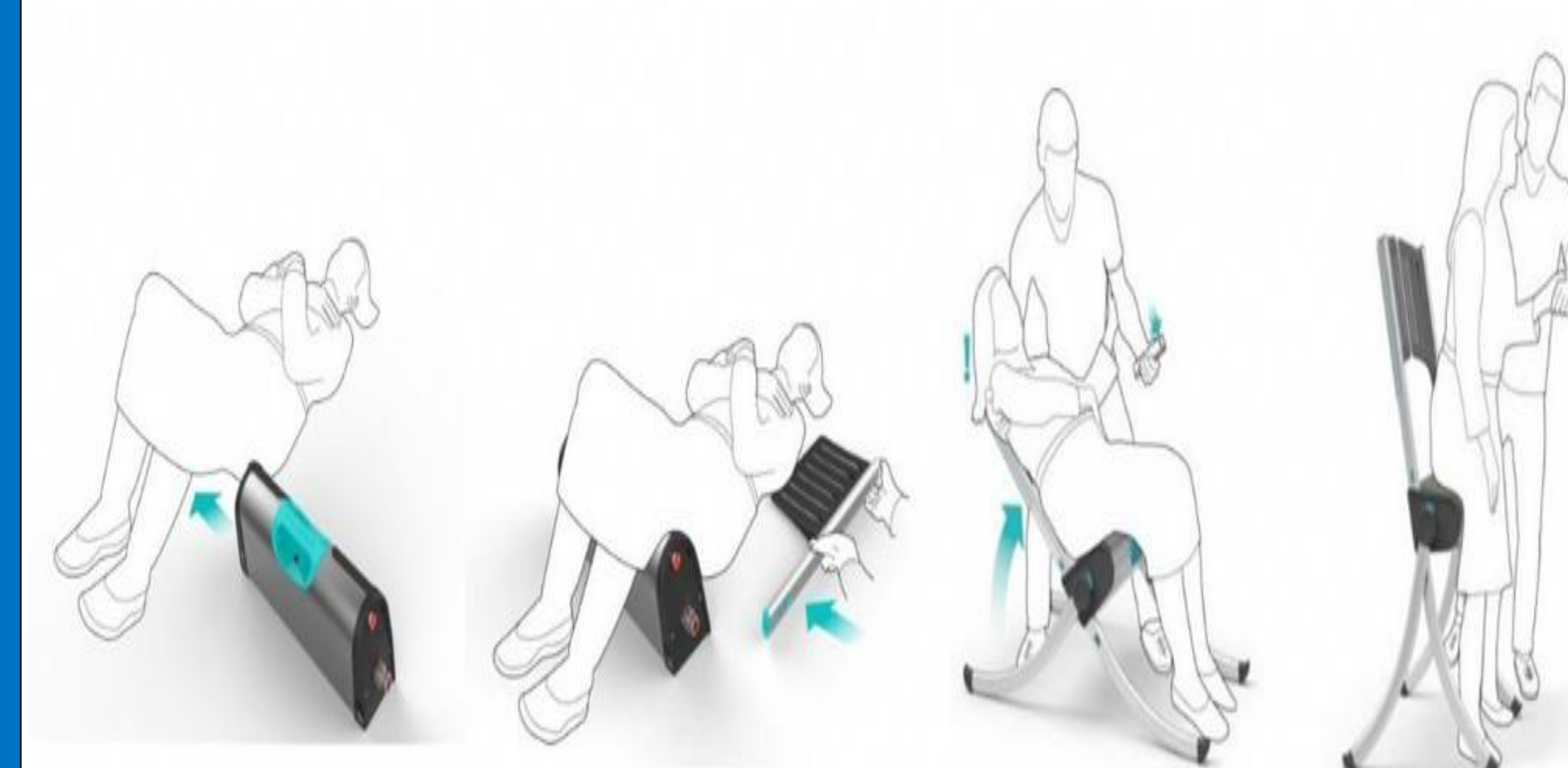
- Falls account for 40% of 999 call outs in people over 65
- Since 2011, The Richmond Response and Rehabilitation Team (RRRT) and the Integrated Community Response Service (ICRS) have been responding to calls from non-injured fallers in the community. These teams are based in SW and NW London.
- These teams have trialled and successfully utilised new equipment, such as the Raizer, to facilitate a transfer from floor to chair, achieving a 96% success rate, and with no need for hospital conveyance.
- Quick response times (2 hrs) by these services has freed up LAS teams to respond to more urgent or non-urgent cases, and avoided unnecessary hospital transfers and admissions.
- LAS do not currently routinely refer patients to rapid response services in Hounslow and Richmond who are still on the floor following a fall, instead a 999 crew is sent initially, and a referral to ICRS/RRRT may occur later
- Prior to moving an individual from the floor, both ICRS and RRRT complete the primary survey based on ATLS protocol

2. Project aims

- For ICRS and RRRT to collaboratively develop a new care pathway with LAS, to provide an alternative response for fallers
- To explore the potential of developing a pathway from the LAS clinical Hub into rapid response services to speed up fall call out response times, reduce floor time, and where appropriate, reduce hospital conveyances and admissions

3. Benefits identified

- Care 'closer to home'
- 'Right care, right place, right time' and 'patient-centred' care
- Avoiding unnecessary acute admissions results in less exposure to hospital acquired infections, and deconditioning
- Improved outcomes (health and satisfaction)
- Immediate access to online health systems (SystmOne and Mosaic) to facilitate improved clinical decision making
- May be already 'known' to ICRS/RRRT, promoting continuity of care
- Reduced 999 calls, call outs, conveyances and admissions
- Freeing up 'LAS' resources for more urgent responses
- Partnership and collaborative working



4. Method: Scoping

- Following a successful bid to HEE for project grant monies, HRCH seconded two occupational therapists (one each from ICRS/RRRT) for 3 months to ascertain the feasibility of this project being developed across HRCH and collaboratively with LAS
- Scoping: Stakeholder identification and visiting other services (LAS, extra sheltered, community alarm services, care agencies)
- Learning from others: Visits were made to Trusts with already established successful services
- Partnership engagement: presented to Trust transformation team and CCGs

5. Key findings and challenges

- Scoping completed locally and nationally to determine pathway proposal, while acknowledging current existing services and pathways
 - No final confirmed pathway at the conclusion of this project, however the need for wider engagement with existing services, leaders and collaborative partners was initiated
- Challenges
- Further discussions required with LAS about who holds duty of care and clinical responsibility for the caseload on this pathway
 - Further training identified to upskill MDT clinicians within ICRS/RRRT



6. Sustainability and future plans

- Further discussions in April 2019 to link this pathway with existing projects, the wider admission avoidance agenda and the NHS 10 year plan
- To continue to work collaboratively with LAS
- For ICRS and RRRT to continue to accept referrals for non-injured fallers, using the Raizer where appropriate, and utilising the wider MDT and integrated health and social care services to facilitate intervention at home, post fall



7. Acknowledgements and contacts

With thanks to Health Education England who funded this scoping project and all members of the ICRS and RRRT working for Hounslow and Richmond Community Healthcare NHS Trust.

Contact details: helen.jackson26@nhs.net, alison.smith110@nhs.net