

Rapid Assessment Time Limited Service (RATL)

Helen Davis – Operational Matron
Community Services

Together 
we care, we respect, we deliver

History

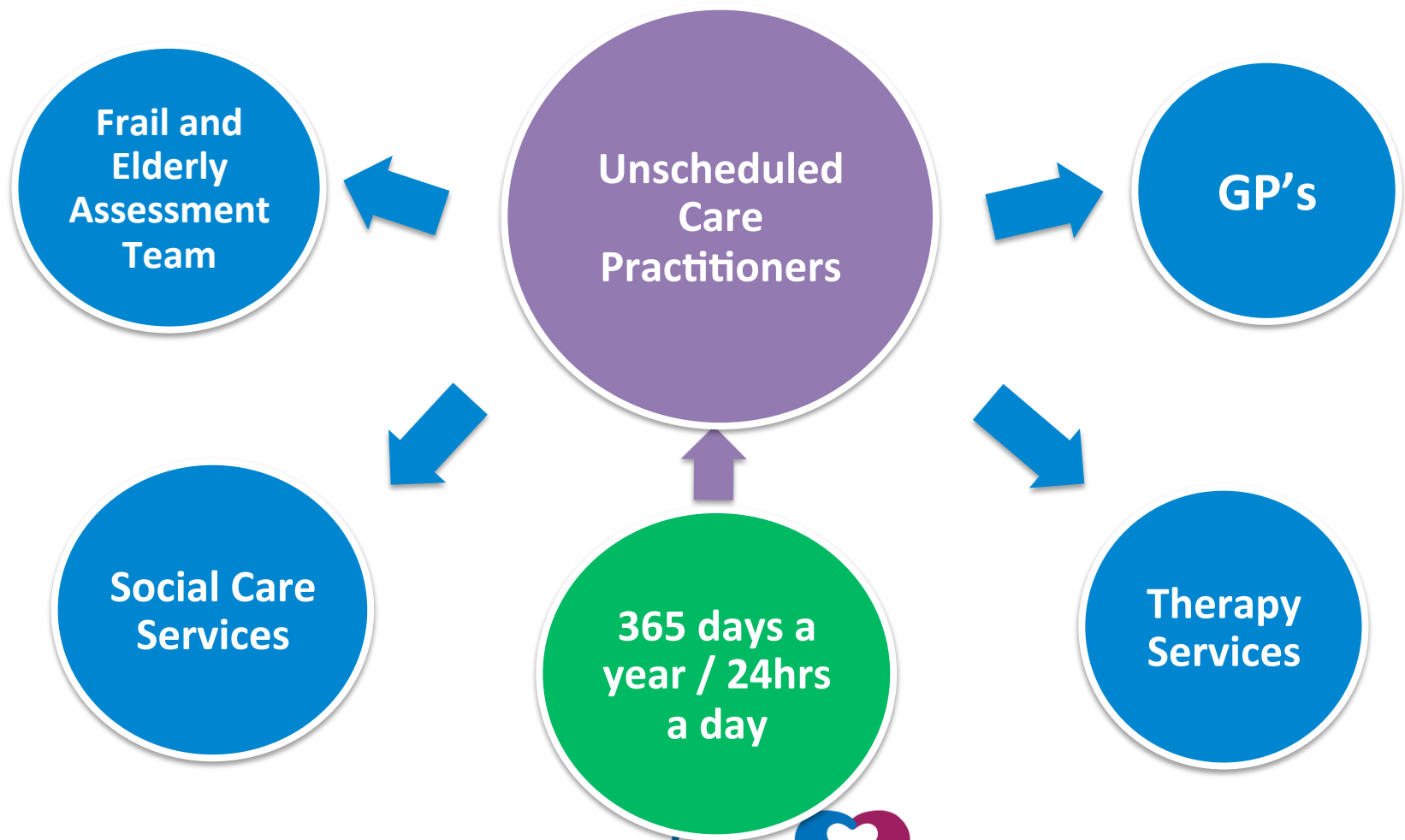
- Investment from the Better Care Funds
- Developed upon the success of an existing service – Unscheduled Care Team
- Bridge the gap between Primary, Community, Ambulance and Secondary Care Services.

Vision

The RATL service was commissioned to:

- Offer an alternative to admission to secondary care where appropriate in a more integrated way.
- Assist in the reduction of length of stay in hospital.
- Avert or manage crises by providing a rapid response and the right amount of integrated care to the person at home during a period of change.
- Coordinate and communicate the care input provided to other professionals and stakeholders during a time when the person's normal health and or social care needs are out of "norm".

What does the Service Look Like?



Referrals

From who –

- Primary Care – GP's and Nurse Practitioners
- GP OOH's service
- Ambulance Service – Crews and Control Room
- Community Matron's and their patients
- Community Nursing Teams
- Residential and Nursing Homes
- Specialist Services e.g Macmillan Teams
- FEAST and Emergency Care Centre
- Social Services

From where –

- Single Point of Access – GP's & OOH's, Ambulance,
- Direct Access – CM pts, Nursing teams, Residential

Referral Criteria

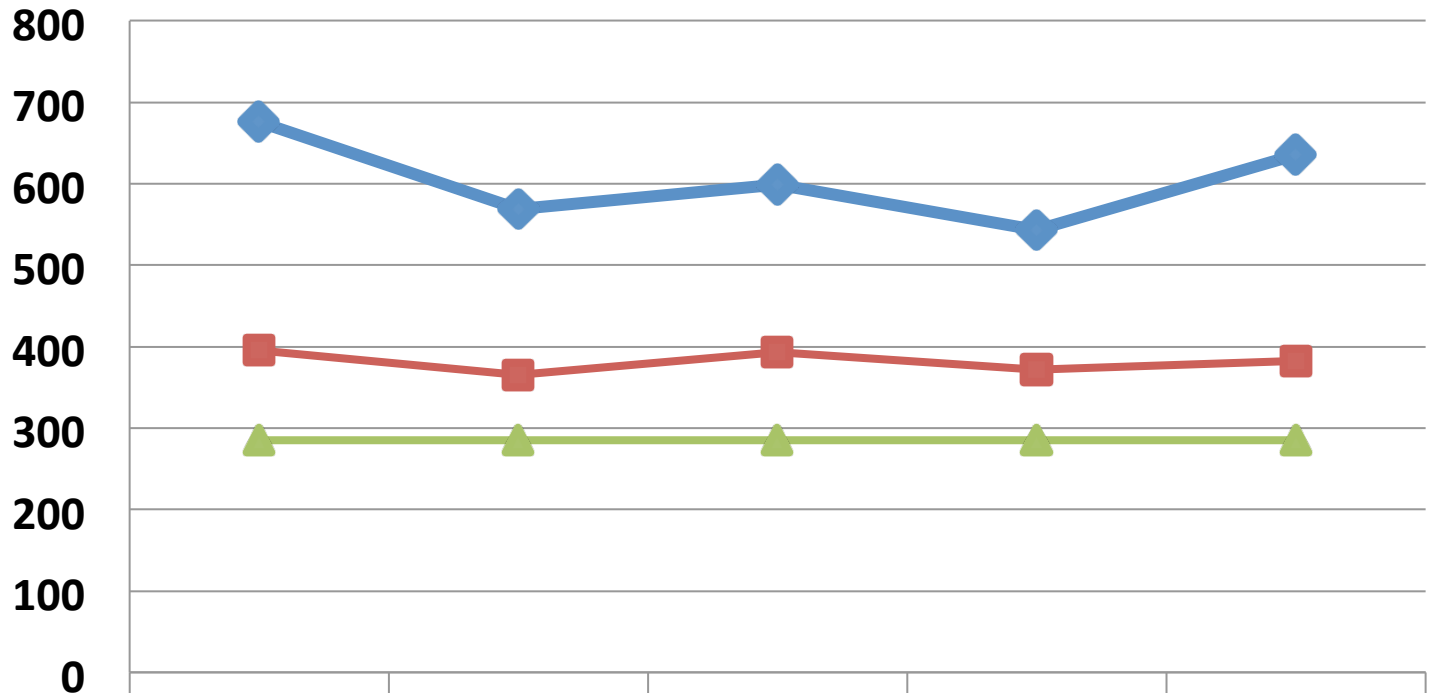
Able to see & treat patients with an acute illness or minor injury including (although these are not exhaustive lists):-

- Response to Care homes working with EMAS to reduce conveyance to hospital.
- Falls requiring further assessment with no obvious fracture or need for A&E
- End of Life care – preventing admission to hospital.
- Respiratory tract infection
- Urinary tract infection
- Cellulitis
- Diarrhoea & Vomiting
- Acute exacerbations of Long Term Conditions such as COPD or heart failure

Unscheduled Care Team

- Band 2 and Band 3 Health Care Assistants – WTE 4.46
- Band 6 and Band 7 Practitioners – WTE 13.47
- Paramedic and Nurse backgrounds
- Independent Nurse Prescribers and use of PGDs for Paramedics

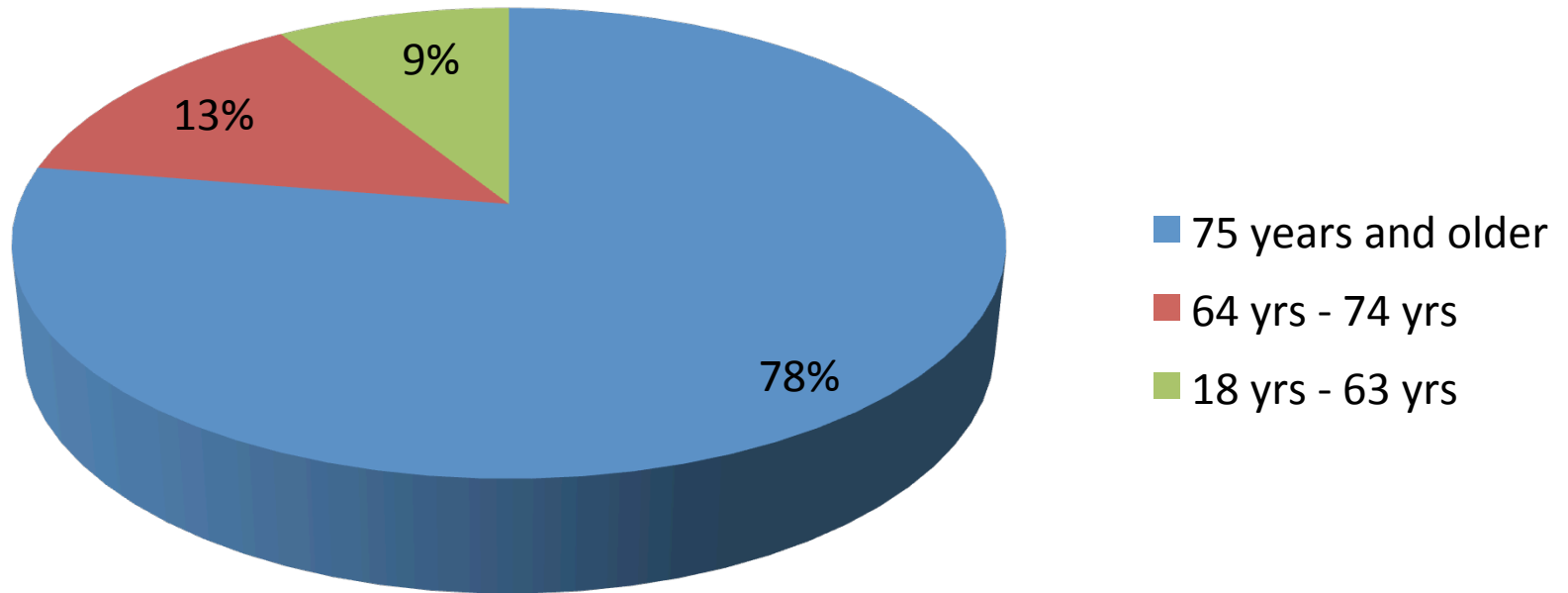
Contact and Referral data for January – May 2016



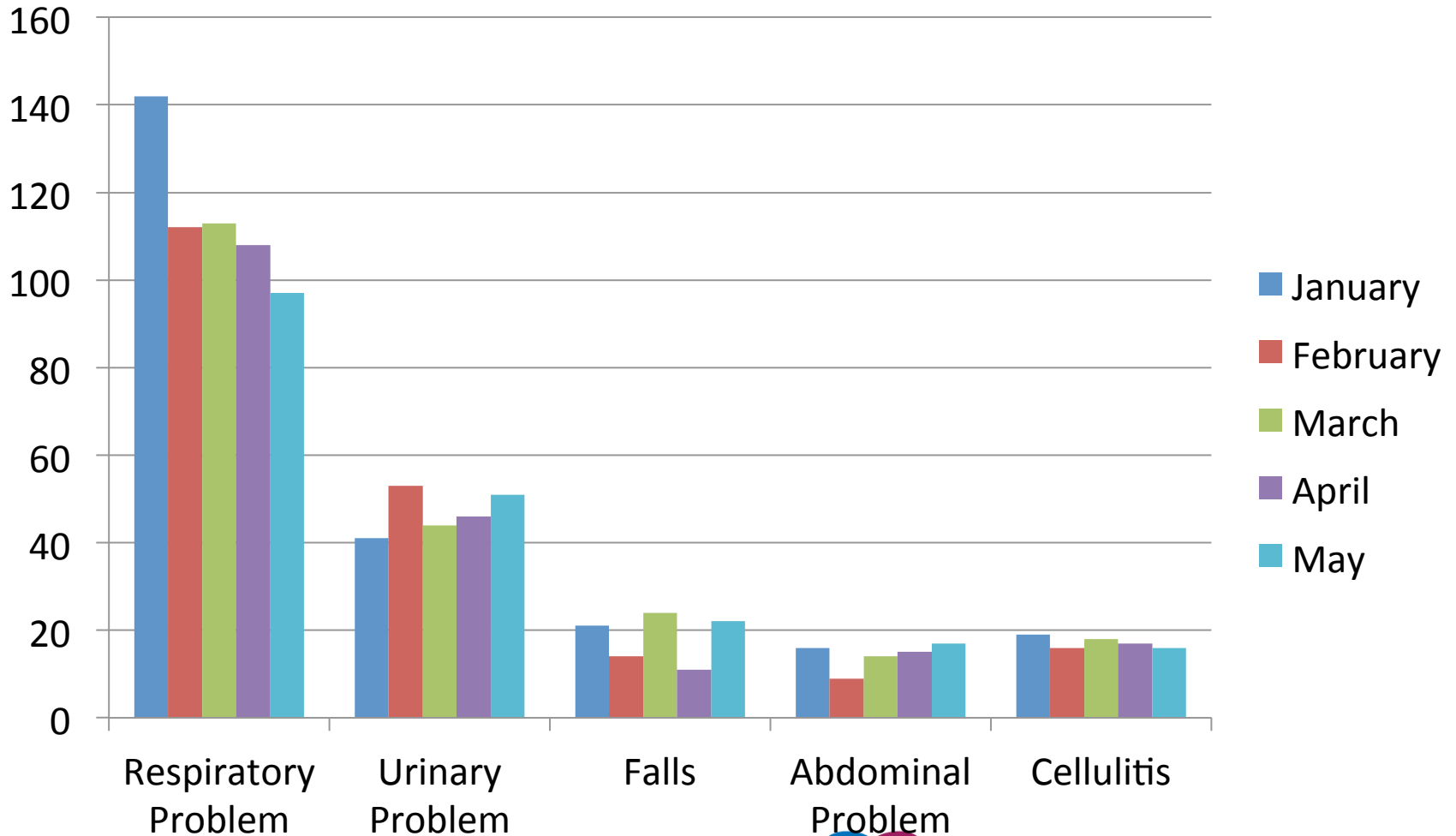
	January	February	March	April	May
◆ Contact Activity	676	569	599	543	635
■ Referrals	395	365	393	372	382
▲ Benchmark	285	285	285	285	285

Contact Numbers per age group

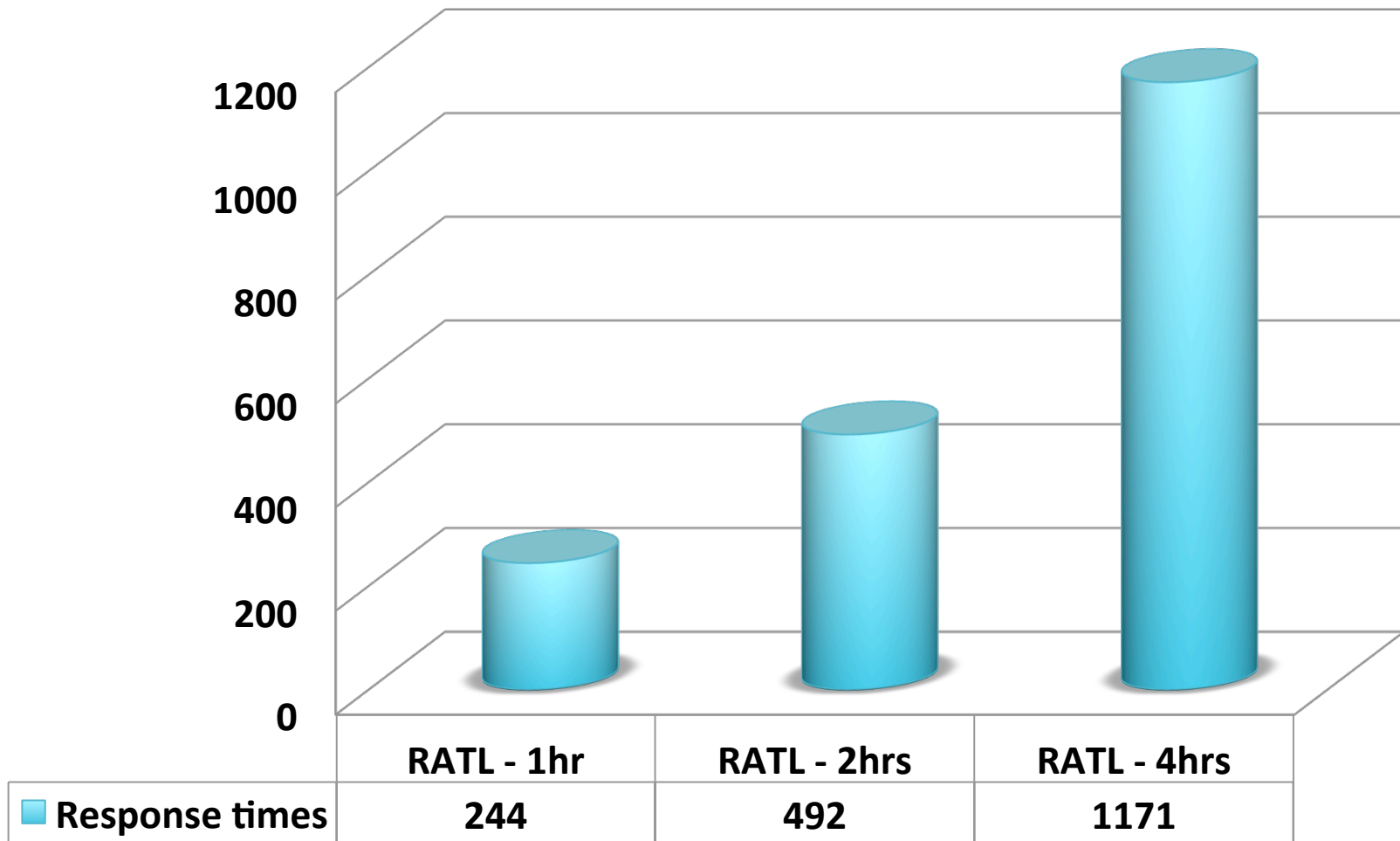
Contact numbers per age group



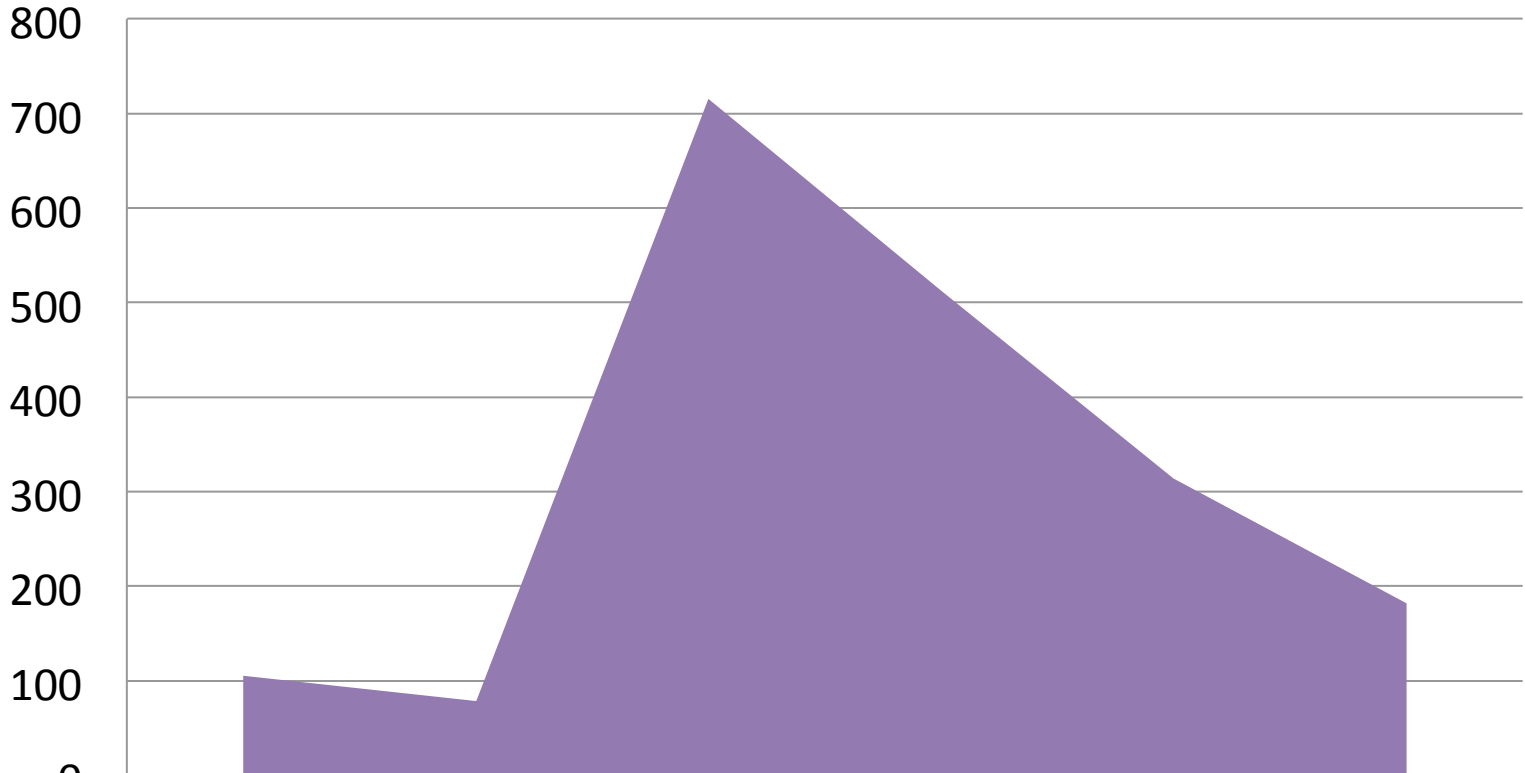
Top referral reasons



Response times



Calls per time frame



	00.00-03.5	04.00-07.5	08.00-11.5	12.00-15.5	16.00-19.5	20.00-23.5
	9	9	9	9	9	9
Column1	105	79	715	512	314	182

Next Steps.....

- Further develop the use of the Single Point of Access Service – including real time capacity.
- Increase partnership working with local Ambulance Service.
- Increase clinical skills and pathways for treating more patients in their place of residence.
- Increase the PGDs available to the staff to ensure efficiency of service.
- Continue to consider recruitment and retention of staff members.

Areas for consideration....

- Recruitment
- Service hours
- Referral pathways into service
- Remit of the service
- Stakeholder Engagement
- Outcome measures

Any Questions?

