**Solent’s Primary Care Programme: Review and Alignment of Adult Services and Primary Care Networks in Southampton**

**Article 4: Spotlight on Southampton Urgent Response Service (URS)**

As part of our Solent Primary Care Review Programme, we wanted to put a spotlight on the amazing work of the Urgent Response Service. We asked a few questions to Sarah Gowing, Consultant Geriatrician for Solent NHS Trust, and here are her responses.

***What is the Urgent Response service and how does the team operate?***

“The Urgent Response Service Health (URS Health) has existed in Southampton for over 20 years and operates 7 days a week from 8am to 10pm. They are a multidisciplinary team of nurses, physios, occupational therapists, health care support workers, associate practitioners, trainee advanced clinical practitioners and doctors, and have close links with the Urgent Response Social team. They are a short-term service, who aim for patients to be under their care for up to 7-10 days. When clinically appropriate and capacity allows, the team can respond to referrals within 2 hours.”

***What does Urgent Response team do?***

“Referrals come to URS Health from primary care, the acute hospital, SCAS, other community teams and social services, and are for admission avoidance including urgent therapy input, e.g. after a fall, or clinical monitoring during a period of acute illness such as infection or heart failure. URS Health do not have the capacity to take referrals purely for care. URS Health usually see patients daily and can see patients up to a maximum of 4 times a day, where clinically appropriate.”

***How can you refer a patient to the service?***

“Referrals are only accepted via telephone calls to 0300 1234 113. The referrer will initially speak to an administrator who will take brief demographic details and then transfer you to the shift coordinator (this will be a nurse, physiotherapist or occupational therapist) allowing for a clinician-to-clinician discussion of the patient’s needs and what URS Health are able to provide.”

***Do you have any referral inclusion or exclusion criteria to be aware of?***

“The key inclusion criteria for referrals are that patients must be registered with a Southampton City GP and be over the age of 18. The referral should be primarily for a physical health rather than mental health issue; however, we recognise that sometimes there is overlap so would consider these patients on a case-by-case basis. The main exclusion criteria are referrals just for care.”

***How can you spot if a patient is under the care of Urgent Response?***

“When a patient is under the care of URS Health, a letter is sent to the GP to let them know. Following discussion in the frailty virtual ward, some patients may receive a medical visit from one of the geriatricians, consultant nurse or trainee ACPs and a further letter will be sent regarding this. For those GP practices on SystmOne, there is an ‘at a glance’ way of seeing if a patient has had a medical visit: you’ll see a blue triangle in the list of icons underneath the patient demographics in the top right corner of the screen.”

***Do you have regular MDT meetings to discuss patients?***

“The frailty virtual ward in Southampton sits within URS Health and each weekday morning there is a virtual ward round with the shift coordinator, geriatrician or consultant nurse and trainee ACP. This daily MDT provides a holistic overview of each patient including reviewing recent events and progress, blood tests or other investigations, and ensures there is a clear plan in place. This is also an opportunity to be proactive and address issues such as bone health, medication reviews (including deprescribing) and future planning. Please contact us if your patient is under the virtual ward / URS and you have any queries, e.g. to confirm contact has been made with patient, or to check blood results have been actioned.”

***How do you work with secondary care colleagues?***

“URS Health works closely with colleagues in UHS; especially the Medicine for Older People Same Day Emergency Care (SDEC) unit and URS in ED team. The URS geriatricians all work across both acute and community settings and can use SDEC to facilitate urgent investigations or treatment if required. URS have a home IV antibiotic pathway to support early discharge home for patients who are stable enough to receive IV treatment in their own homes.”

***Do you have an example of a recent case study to share with us?***

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| Patient demographics and history | * 97 year old man. * Mild cognitive impairment but normally independent with no package of care. |
| Reason for referral | * He had taken to his bed for 48 hours, not eating and drinking much. He was febrile and his right knee and left hand were both painful and swollen. * Seen by an ANP from his surgery, and was started on broad spectrum antibiotics for presumed cellulitis, unlikely gout, and referred to URS for clinical monitoring. * Patient and daughter not keen for hospital admission as had recently been in hospital. |
| Treatment and support provided by URS | * Accepted by URS and visited by nurse to assess: bloods taken as well as photos of painful joints, arranged for some equipment to help while less mobile, support with care and daily clinical monitoring. * Reviewed in frailty virtual ward by consultant geriatrician: raised inflammatory markers and photos looked like joint swelling with differential diagnosis of gout vs septic arthritis rather than cellulitis. * Visited by URS geriatrics registrar and trainee ACP later that day: diagnosed as gout (had crystals aspirated from another joint several months previously) so started on course of steroids with PPI cover, increased analgesia and laxatives, and arranged delivery of further equipment including pressure relieving mattress as spending most of the day in bed. |
| Outcome | * Progress reviewed daily in frailty virtual ward with repeat bloods several days later which showed improving inflammatory markers alongside significant clinical improvement. * He remained on the virtual ward for 5 days then had ongoing therapy input from URS Health before being discharged from the service when he was almost back to his baseline at day 13. |

Please reach out if you’d like more information about this work, or the Solent Primary Care Review Programme by emailing sara.a’court@nhs.net or christine.horan@solent.nhs.uk.