

Frequently asked questions:

- **Will my patients be supported over the weekend?**

Yes.

- **Will my patients with Dementia receive a service?**

The team are able to take patients with mild cognitive impairments under agreed criteria and those where the dementia is not the primary reason for referral.

- **What do I as a healthcare professional need to do?**

You can make a referral to the service by phone. You will then need to follow this up with a paper or electronic referral form or letter as soon as possible. This can be done by fax, e-fax or email.

- **Who will refer the patient on to an acute setting if the patient deteriorates during the period of care?**

If the rapid response clinician thinks acute care is appropriate they will make the referral to hospital. They will ensure that this decision is communicated to the patient's GP.

- **Will patients receive care after 72 hours?**

Most patients will be supported for 72 hours and then discharged. Patients requiring further clinical care will be transferred to appropriate service.

- **Who do I contact if I have queries?**

GPs should contact the Barnet Community Point of Access by telephoning 0845 389 0940 where they can talk to a clinician

- **How do I receive feedback about the care given to my patient?**

The team will liaise with the referrer as appropriate. A treatment summary will also be sent to the patient and referrer when they are discharged from the service.

Phone 0845 389 0940

Email icsbarnet@nhs.net

Fax 0845 389 0941

Website www.clch.nhs.uk/barnetrapidcare

RAPID CARE

Worried about a patient?

Think home, not hospital.

With a response time of under 2 hours, the new rapid care team can help prevent avoidable admissions and readmissions by providing support in the community.



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What do we do?

We provide triage, assessment and treatment in a patient's home within two hours where necessary.

- Referrals can be made between 8.30am and 8pm, seven days a week. Referrals made after 8pm will be followed up the next day.
- Patients will be seen between 8am and 10pm, seven days a week.

The following are examples of the care we provide:

- Monitor symptoms following an acute event (fall or infection).
- Medical management of drugs to treat acute exacerbations of chest infection/pneumonia, UTI, cellulitis or mild heart failure.
- Relief of chronic pain.
- Administration of enemas for constipation, in partnership with district nursing service.
- Review and titrate medication in partnership with GP.
- Prescribe and monitor oral antibiotics for minor infections.
- Wound care in association with other medical needs and in partnership with district nursing service.
- Monitoring oxygen and nebulisers as part of COPD management in partnership with respiratory service.



How do we do it?

The Rapid Care team is made up of nurse prescribers, nurses with physical assessment skills (including mobility and daily living equipment) and specialist community nurses and therapists. This skill mix ensures that:

- Contact will be made with the patient (or their representative) by phone and arrangements made to visit within 2 hours.
- Initial assessment will be carried out by a qualified nurse.
- Patients will be supported by the team for up to 72 hours. On occasions this can be extended to 120 hours. This will include a telephone and home visiting service.
- Patients will continue to receive telephone support for 30 days from the date of the referral.



Who do we look after?

Criteria:

- Adults who are 19 years or older either living in the London Borough of Barnet or registered with a Barnet GP.
- Patient can be managed safely within the home environment.
- Patient is medically stable.