



**Patient/Carer responses about  
Berkshire Healthcare Foundation  
NHS Trusts'  
Urgent Care Response Team (UCRT)  
Service**

**November 2021**

*How did you find the service?*

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## Introduction

*UCR aims to prevent unplanned hospital admissions by sending a team to people's usual place of residence within 2 hours of a referral for a crisis such as a fall, injury, or deterioration in health or within 2 days as part of a 'reablement' response. Berkshire Healthcare sought patient experience to find out what was working well and any areas for improvement.*

*Within the Reading locality care provision is delivered by the Reading Borough Council reablement team for both 2 hour and 2-day pathways.*

*Within the West Berkshire locality care provision is delivered by a range of source including inhouse teams from BHFT, West Berkshire Council as well as external providers. The teams work to ensure that communication with care providers so individuals needs are met.*

## Executive Summary

Overall, the UCRT service was well thought of, and the staff were praised throughout. However, it was clear that many of the people we were speaking with were still quite unwell and in some cases, it was decided by our team not to try to undertake the survey because of this. Fortunately, as had been agreed at the start with BHFT, we were able to refer back to UCRT, anyone we spoke with who we felt needed more assistance or were of concern.

It was pleasing to find that people talking about the service referred to it positively stating that they found the service helpful, the staff pleasant, kind and friendly. They also said that staff were knowledgeable, reassuring, and professional.

*If there were any concerns raised by service users and/or their carers, Healthwatch escalated this to the services following individual consent.*

## Challenges

Although all those telephoned had been given a leaflet and asked by members of the UCRT about the interviews, some were still not clear on who we were; others seemed unaware of who had referred them to the UCRT service (This may have been due to the fact that a small group were unwell/did not remember). There were widespread issues about understanding who or what the UCRT team was. Only after some detailed conversation did the patients understand or recall the service that we were asking them about.

A clear challenge with an older frailer cohort is that communication is an issue (digital, text, even telephone use). Additionally, memory issues can impact the ability to remember face to face conversations with the UCRT. *With hindsight* Healthwatch West Berkshire/BHFT should have also sent a joint letter to arrive by post of the intention to telephone the patients to ask about the service, with a contact number in case there were any issues with this or regarding the surveys purpose.

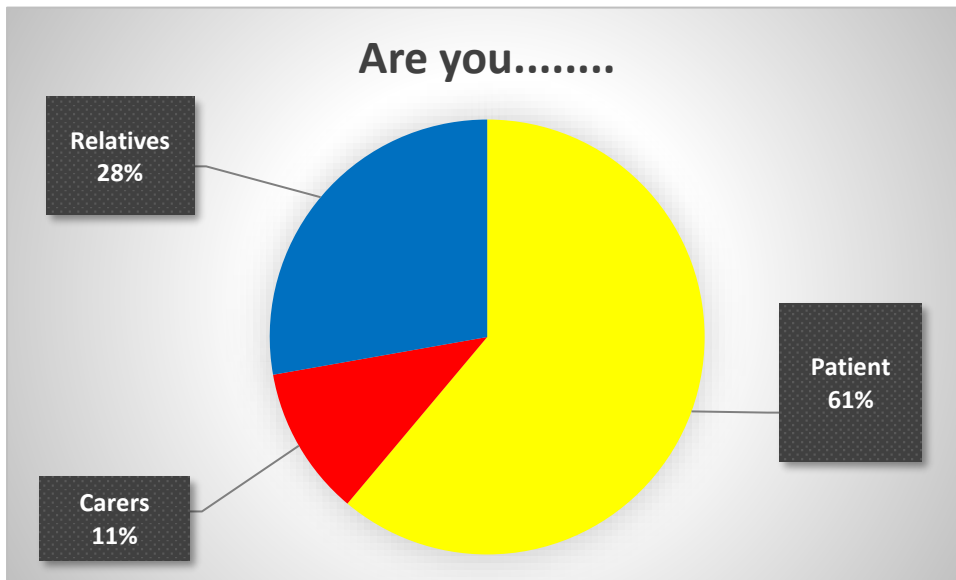
HWWB also underestimated the number of contacts that were needed to secure a worthwhile conversation with the patient or carer. An unforeseeable challenge in arranging this piece of work was the recent Covid 'spike' upwards in case numbers and rising hospital admissions. This meant that arranging face to face meetings was impossible, not just for personal infection safety grounds for both the interviewee and the interviewer, but also because many felt they didn't want an unnecessary 'stranger' coming to their house. The high Covid infection rate also meant we were unable to interview any residents of local care homes who had used the UCRT service, despite prompts from BHFT to the care homes.

## Recommendations

1. The service is clearly valued and welcomed by almost all who use it and expanding or increasing how it can be referred into should be considered i.e., by VCSO, carers, other professionals (Fire service, postman, Parish Clerks)
2. It is clear from our conversations that patients and carers do not always recognise who the UCRT service *are*, and why they are different to other health and care professionals- this should be given some thought- a lanyard for those with failing sight may not be enough
3. In choosing which patients to interview care should be given to the choice of who is selected as to whether they are really well enough to take part, or if the experience may upset them or cause added worry. Additional adjustments should be put in place prior for those who may struggle to take part on their own due to cognition or sensory issues.
4. The service needs to be clearer who they are, where the referral was from and why it was made. Consistent use of “hello my name” is welcomed, but it seems many did not realise why the service was called out to them
5. Ensure there is good follow up after the service ends to check a ‘high risk’ patient is ok. Several patients we spoke to needed referring back into the service due to concerns about their wellbeing.
6. More thought needs giving to consultations, feedback mechanisms for a cohort with additional challenges in taking part. So, letters should always be considered alongside reasonable additional adjustments for those with memory or other sensory, or cognition issues to ensure a truly inclusive response

## Survey Findings

### Question 1- Are you .....



Of the 18 interviews 11 were patients (61% or nearly 2/3), 5 were relatives (28% or just over ¼) and 2 were carers (11%)

### Question 2 - What was wrong with you to be referred to the UCRT service (18 answers)

9 discharged from hospital after a fall (half)

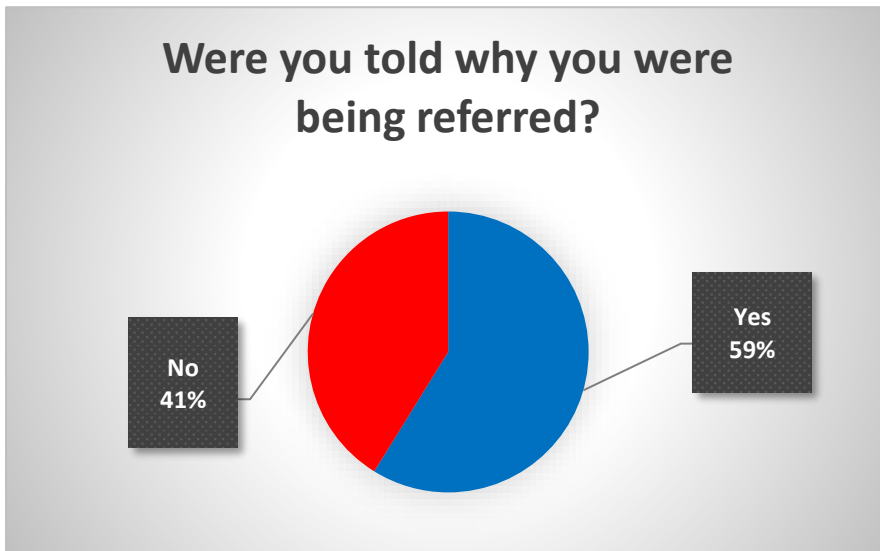
4 described themselves as 'unwell' (11%)

3 discharged from hospital with other conditions e.g., Parkinson's, stroke, dementia

2 discharged from hospital after surgery

1 respiratory problem

Question 3 - *Were you told you were being referred?*

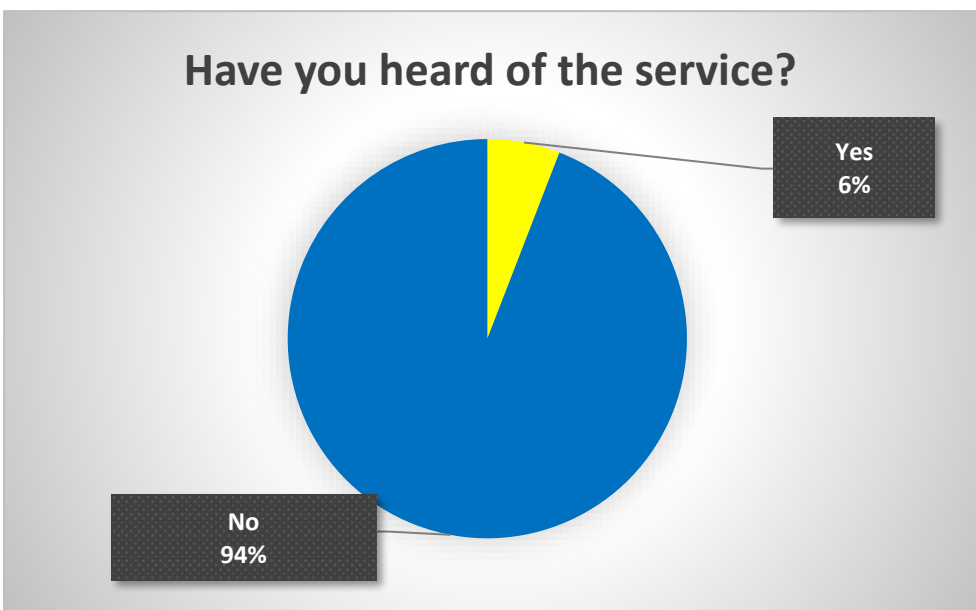


10 - yes (59%) 7-no (41%)

*If no, what happened?*

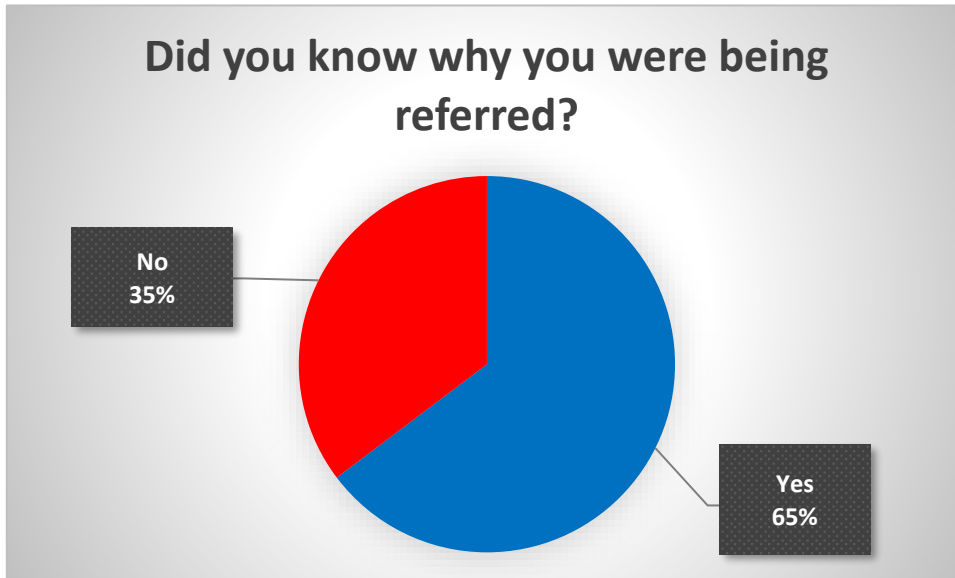
Of those who said no - all gave the reasons as they did not remember or understand what was going on at the time.

Question 4 - *Have you heard of the service before?*



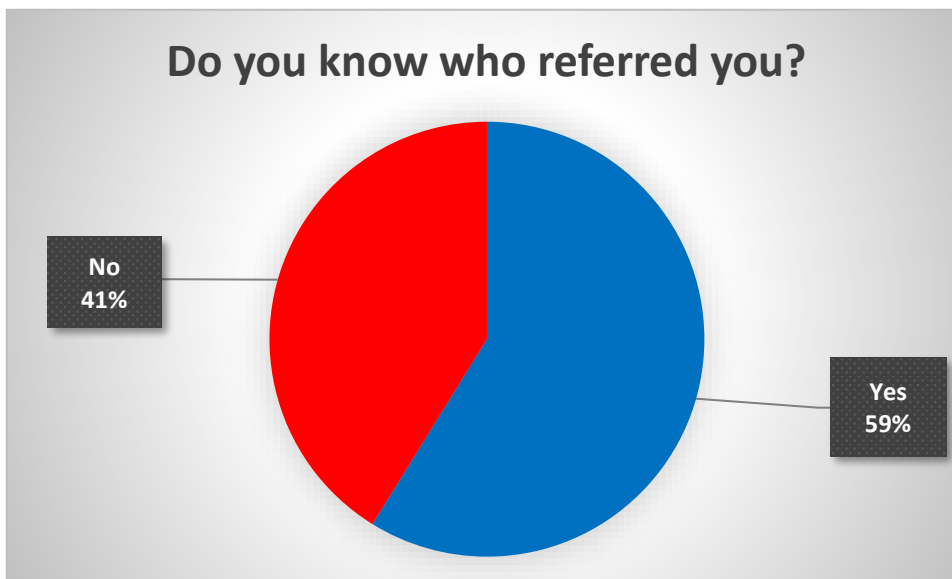
(17 responses) 16 said no and 1 said yes as her mother had used the service previously

Question 5 - *Did you know why you were being referred?*



(17 responses) 11 said yes (65% or 2/3) and 6 said no (35%)

Question 6 - *Did you know who referred you?*



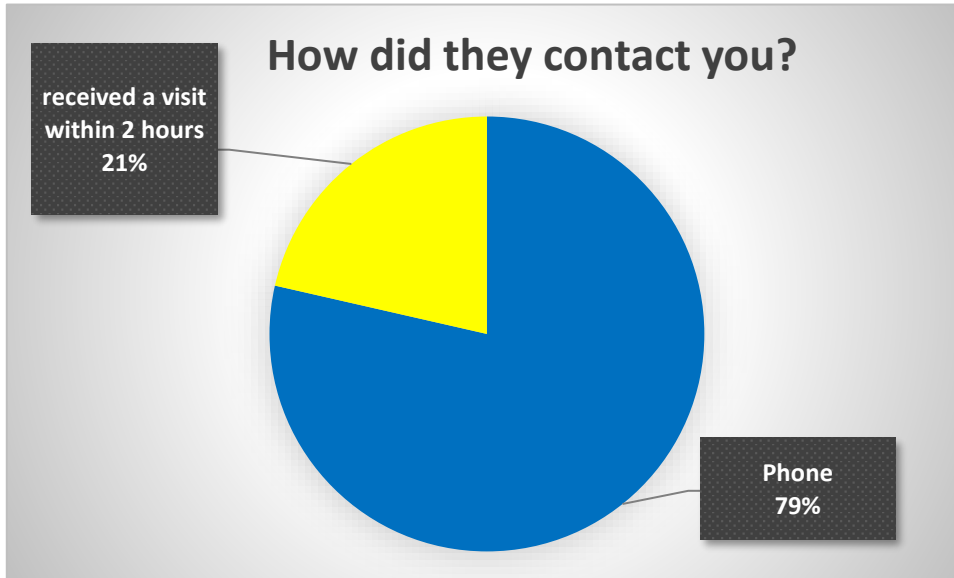
(17 answered) 10 said yes (59%) 7 said no (41%)

*Can you tell me who....?*

of those that answered 42% said GP and 58% said hospital

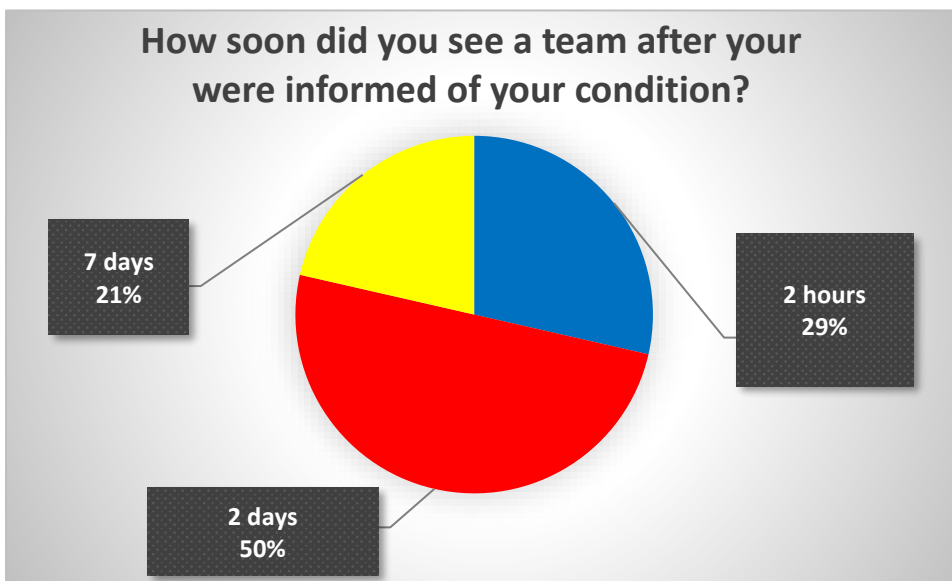


**Question 7 - How did they contact you?**



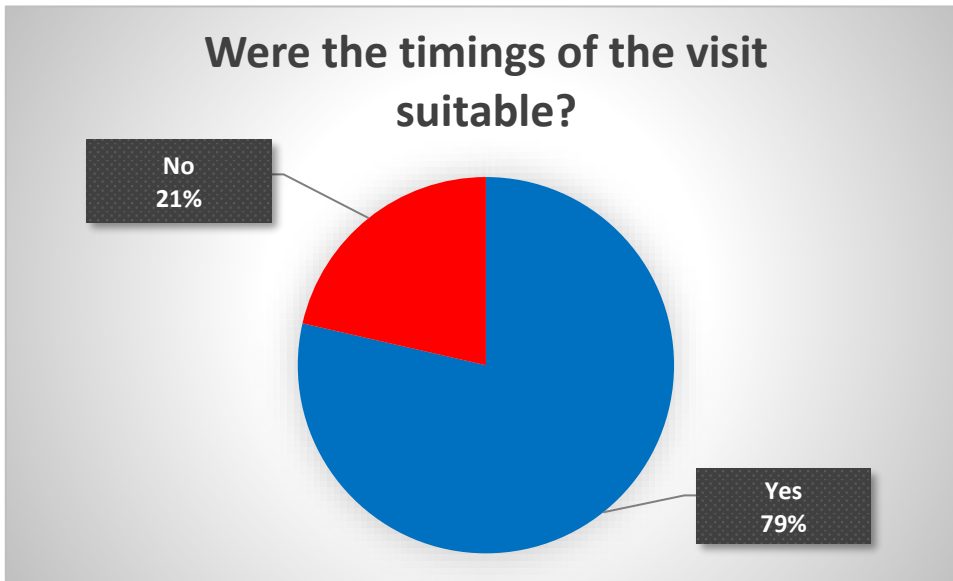
(14 answered) 79% were contacted by phone and 21% were seen within 2 hours

**Question 8 - How soon did you see a team after you informed of your condition?**



(14 answered) 4 (29%) seen within 2 hours, 7(50%) seen within 2 days, 3 (21%) seen within 7 days.

**Question 9 - Were the timings of the visit suitable?**



(14 answered) 11 (79%) said yes, 3 said no (21%)

**Question 10 - Tell me three things the service did well**

Helpful 3, pleasant/nice/kind/friendly 10, caring 3, knowledgeable/professional 5, reassuring/supportive 3, understanding/sympathetic 2, prompt 1, good physio 2, provided good equipment 2.

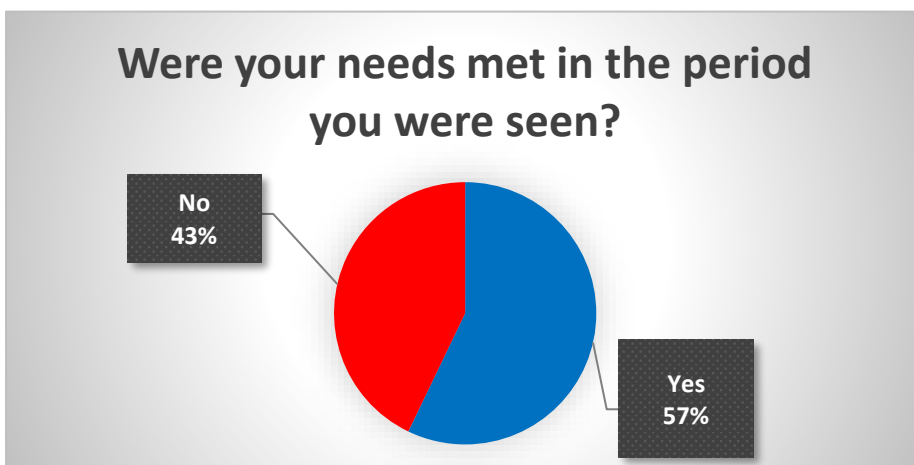
**Question 11 - what would you change about the service?**

(15 answered) 6 (40%) - nothing - very efficient, fantastic

3 - needed more explanation about what would happen at the end of team visiting ,2 - delay in being seen

Other responses were 'I wanted to continue with the service', 'had to repeat my story too many time', 'this service should be made more available'

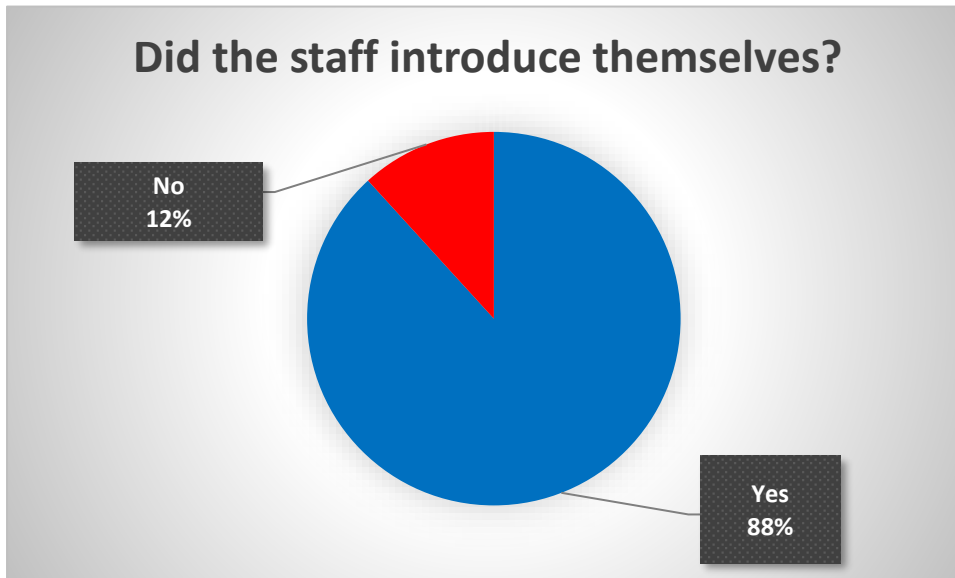
**Question 12 - Were your needs met in the period you were seen?**



(14 answered) 8 (57%) said yes, 6 (43%) said no

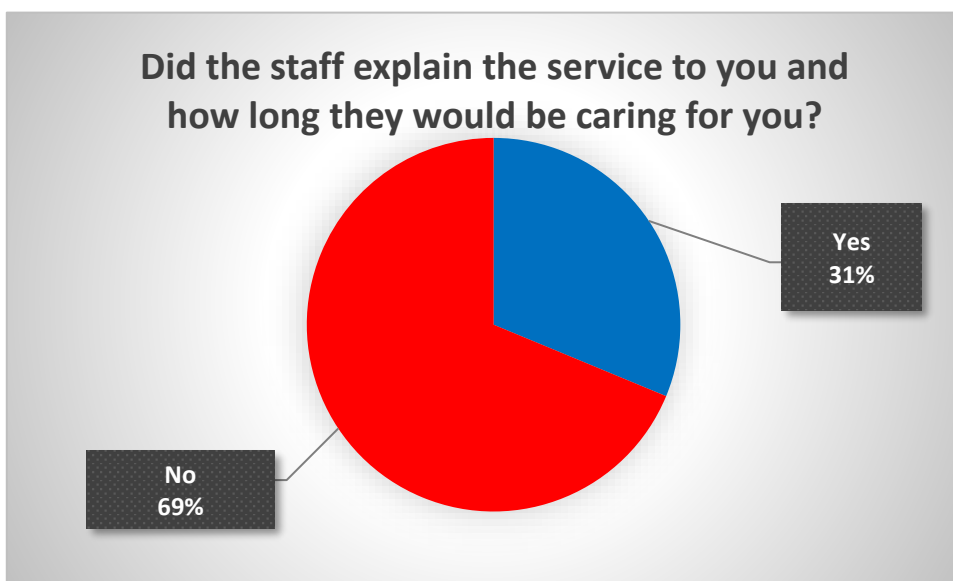
Individual's experience of using the service:

Question 1- *Did the staff introduce themselves?*



(17 answered) 15 (88%) said yes, 2 (12%) said no

Question 2 - *Did the staff explain the service to you and how long they would be caring for you?*

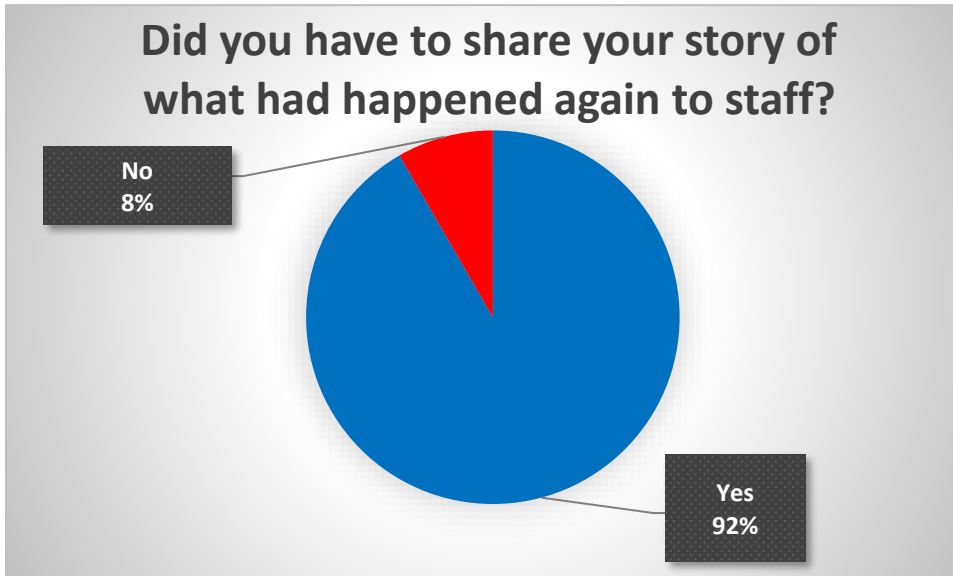


(16 answered) 11 (69%) said no, 5 (31%) said yes

**Question 3 - How were you made to feel by the staff?**

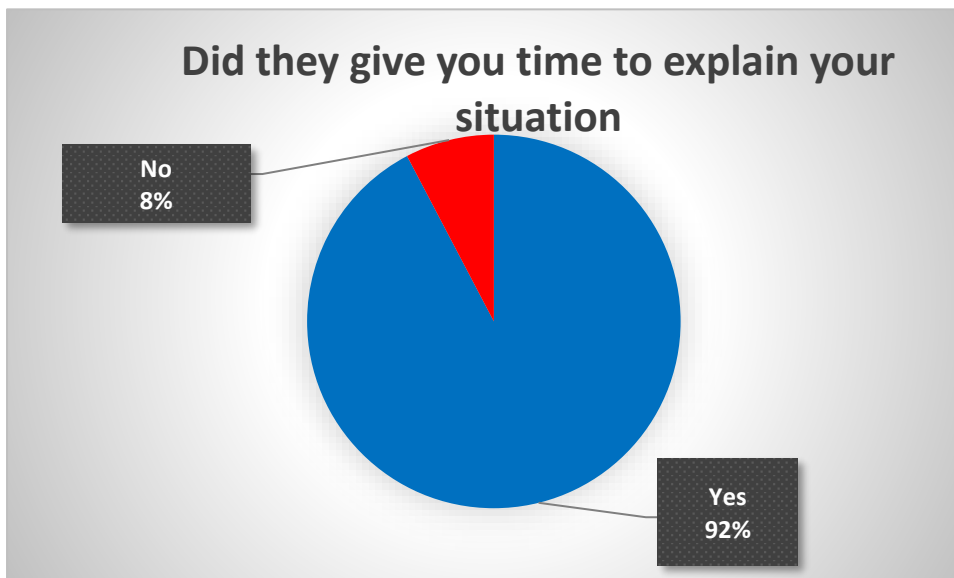
(14 answered) 4 were too unwell or could not remember, 4 said staff were supportive/nice/helpful/kind, 3 felt reassured and trusted the staff, 3 felt respected and listened to

**Question 4 - Did you have to repeat your story again to staff?**



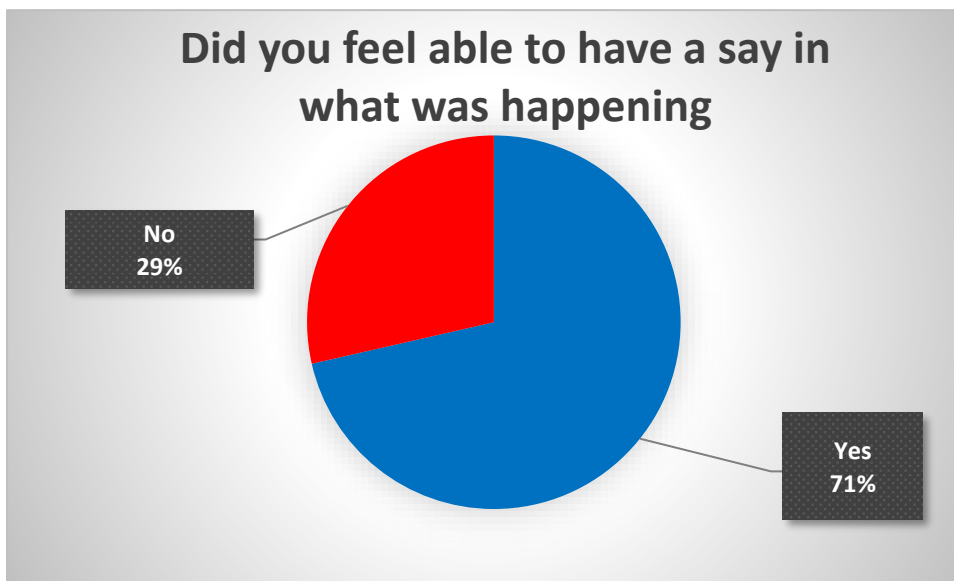
(12 answered) 11 (92%) said yes 1 (8%) said no

**Question 5 - Did they give you time to explain your situation?**



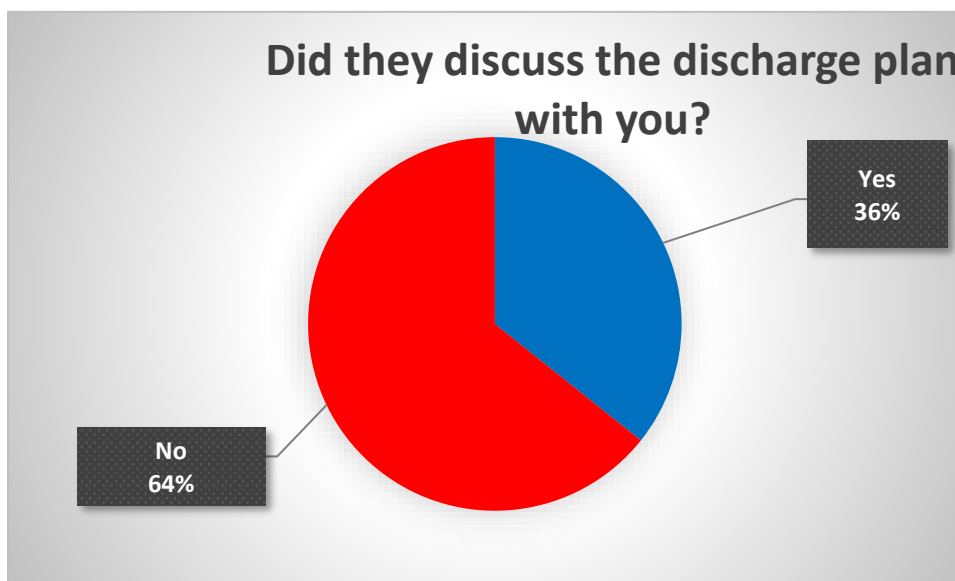
(13 answered) 12 (92%) said yes, 1 (8%) said no

Question 6 - *Did you feel able to have a say in what was happening?*



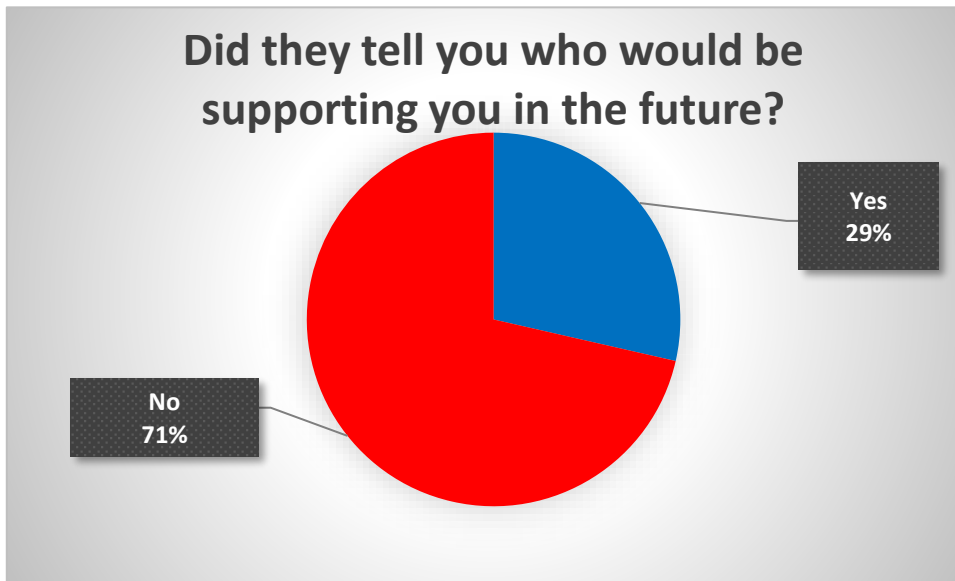
(14 answered) 10 (71%) said yes, 4 (29%) said no

Question 7- *Did they discuss the discharge plan with you?*



(14 answered) 9 (64%) said no, 5 (36%) said yes

Question 8 - Did they tell you who would be supporting you in the future?



(14 answered) 10 said no (71%), 4 said yes (29%)

**If yes, who did they say:**

*of those who said yes, they cited GP, come back directly to this service, District Nurse*

**If no, what did they say:**

*of those who said no 4 said there was no signposting to any other service, 4 cited the family would need to take full responsibility for the patient, 4 were told to contact their GP, 1 was offered continued support from this team by phone, 1 was directed to Sovereign Housing to obtain an emergency bracelet.*

## Patient Quotes & Feedback

*“I was discharged from the hospital after an X-ray showing a hairline fracture, with instructions to rest and analgesia. Pain got worse therefore son rang GP who referred to the UCRT service”*

*“The nurses were very caring and supportive to patient and daughter - they were very informative, told the daughter what the problems were and what she could do to help - they did a very thorough handover to the DN at the end of 2 weeks”*

*“I felt confident that I was receiving help right away and was able to have my husband at home following this seizure. I felt that the staff were very professional, and I trusted them to care for my husband well. Glad they came for several days. The physio that came twice was superb - gave him exercises and worked very well with patient”*

*“...did not know whether I had options to continue the service as I was told to go back to my GP. I was still unwell as was hoping someone to see me again, rather than disturbing the GP. Plus, I am alone and had to make arrangements for my grandson to stay with me now”*

*There was a suggestion that she should ask the GP if her husband needed more help at home, however, she has had to try to find a carer to help out and was not supported in this. Also, she is now paying for husband to attend a day centre 2 x per week and got no advice about this*

*The daughter feels that no-one is saying anything about what care is needed in the future. The physio has visited but no other care professional. An OT appointment was made for later in October; however, the physio has cancelled that as she does not believe it is necessary. The daughter also purchased a walking frame and a shower chair as nothing was provided until 12/10*

## Berkshire Healthcare Response

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### General

Berkshire Healthcare welcome this positive report as UCR is a new service delivery model, the report contains some valuable learning points and insights from the service user perspective that will feed into current and future service developments.

We are in agreement with the challenges that Healthwatch experienced when completing this survey given the cohort of service users and the Trust will adopt the recommendations made when undertaking future surveys.

We recognise their specific focus areas that require further improvements in relation to networking, signposting to a range of community and voluntary sector services and the need to review communication with our service users as appropriate to meet their individual needs.

### Specific

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1. The service is clearly valued and welcomed by almost all who use it and expanding or increasing how it can be referred into should be considered i.e., by VCSO, carers, other professionals (Fire service, postman, Parish Clerks)

UCR Service can be accessed via NHS 111.