



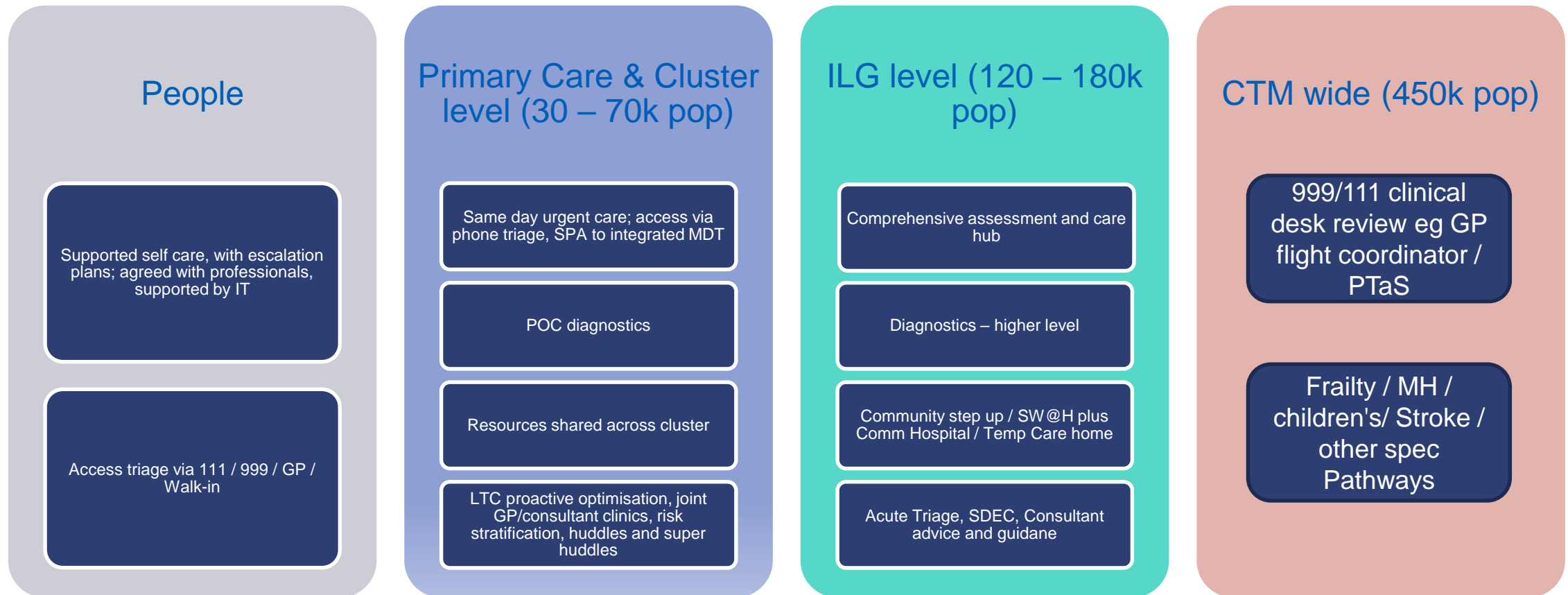
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Target Urgent Care Model

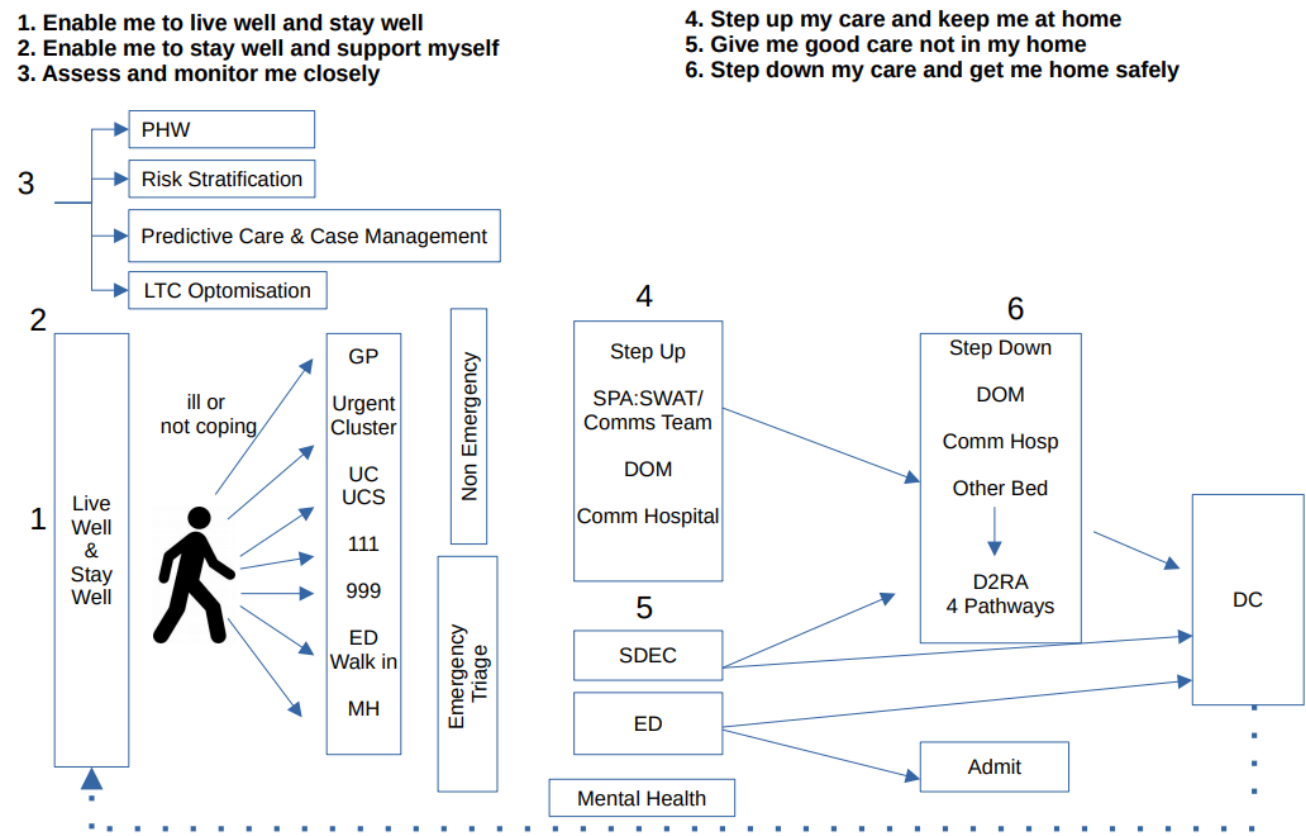
27th March 2021 Draft 1

Framework for Out of Hospital Care



← Infrastructure: Digital for self care and consultations, shared Primary / community workforce, outcome measures →

CTM Target Urgent Care Model



Primary and Community H&S Care offer

Level of Care	Prevention and early intervention	Home first / discharge to rehab and assess
GP Practices	<p>Planned care to optimise LTC management. Includes risk stratification, meds reviews (Pharmacist)</p> <p>Systematic case finding and active case management, huddles and escalation</p> <p>Remote monitoring Health and Social Care</p>	GP led community hospital beds
Clusters	<p>Same day urgent care via phone triage. Point of Care testing</p> <p>Joint Primary / Secondary care clinics for most complex patients (+/- virtual)</p> <p>Single Integrated MDT, includes social care and mental health, accessible via SPA, also linked to 111, includes dom IV's, advanced nursing care, hot clinics @ home and AHP</p> <p>Systematic super huddles with social care for complex case management; pro-active care plans and coordination, with escalation plans</p> <p>Health trainers, social prescribing / VCS</p>	Link back to Community teams for ongoing or short term targeted support
ILG	<p>Diagnostics in DGH / Community Hospital.</p> <p>At home response for IV's, interim package of care, also rehab and reablement.</p> <p>Step up to community hospital for short stay intervention and rehab</p> <p>Consultant advice and guidance, hot clinics and remote clinics</p> <p>Physio at front door</p> <p>Acute SDEC</p> <p>Mental Health crisis response</p>	Hospital based integrated teams such as SW@H to expedite discharge