The purpose of social enterprise organisations is to provide health care that is tailored to the needs of local populations. The staff in these organisations tend to work hard for organisational success because their livelihoods are likely to be affected by failure, and staff retention is therefore often higher than in traditional healthcare service models (Hunter 2009).

Urgent Care Social Enterprise (UCSE) is a nurse-led industrial and provident society, and a registered charity, that reinvests surplus income in patient services and staff education. It is contracted to provide home-visiting services and clinical support in urgent care centres in five primary care trusts in London. It also supports three Right to Request (Department of Health (DH) 2008) proposals in London, two of which were in the first wave of the DH initiative.

UCSE employs about 50 clinicians including advanced and emergency nurse practitioners, of whom more than half are independent prescribers, and emergency care practitioners. When patients present with undifferentiated or undiagnosed acute healthcare needs, these clinicians can take full medical histories, form diagnoses and management plans, and refer patients to the appropriate community or acute services.

The organisation places great emphasis on clinical governance and ensures that 5 per cent of clinical records are audited against the Royal College of General Practitioners' (2007) out-of-hours audit tool. Clinicians then receive feedback on their performance from this audit quarterly.

More detailed audits, in which three sets of records are discussed in detail, are conducted twice a year by the clinicians’ line managers to ensure clinical competency, good documentation and patient-centred care.

The clinicians also undertake two clinical practice reviews each year to identify and discuss clinical care delivery and learning needs. These reviews can involve the clinicians’ line managers, the clinical director or the education lead.

**Home visiting**

In July 2007, UCSE began a clinical home-visiting service in which rapid response teams (RRTs) help patients to manage their conditions in their own homes, or in nursing or residential homes, to avoid unnecessary hospital admissions.

For ten hours each day, seven days a week, the RRTs accept patients referred by agencies such as the local ambulance service, GPs, other healthcare providers, or nursing and residential homes. These patients are often among the oldest and most vulnerable members of the community, with acute medical needs. Consequently, they often present...
A rapid response, must themselves refer ill residents to EDs. This is especially so for staff in residential homes, who are less likely than those in nursing homes to have clinical backgrounds.

Therefore, two of the UCSE RRTs provide a weekend home-visiting service to these patients to try to prevent hospital attendance.

The service began in Havering, London, in September 2009 and in Kingston upon Thames in January 2010. In Bromley, Kent, meanwhile, RRT nursing and residential home visits are arranged through the out-of-hours provider, EMdoc Bromley Doctors On Call.

Since these weekend home-visiting initiatives began, there has been a month-on-month increase in uptake of patients by local nursing homes, and anecdotal reports suggest that care staff are becoming more confident about managing unwell residents knowing that they have direct access to RRTs. An example of how the service works is given in the case study, left.

During the review period, nursing home referrals grew from 37 a month in October 2009 to a peak of 71 a month in January 2010. Since October, 337 residents have been referred to the RRTs. Of these, only 13 (4 per cent) required ED attendance and 13 (4 per cent) were referred to other hospital services. The remaining residents were managed in the home environment.

**Hospital avoidance and referral outcomes**

During the six-month review period, from October 1 2009 to March 31 2010, only 109 (6 per cent) of the 1,814 patients assessed by RRT clinicians required immediate referral to an ED (Figure 1).

Meanwhile, 1,487 (82 per cent) patients were assessed as clinically safe to be treated in the community, which meant that interventions...
by hospital- or community-based healthcare professionals could be avoided. This figure was achieved by advising patients about the effective management of their conditions or by adding appropriate medications to their management plans.

**Responsiveness** Despite a steady increase in patient volume, and the adverse weather conditions in January 2010, 1,288 (71 per cent) patients were seen within an hour of referral.

**Demographics** Of all referrals to the RRT service during the review period, 1,143 (63 per cent) were aged 80 years or older. This is the typical age range of patients with comorbidities and polypharmacy, and who are at highest risk of hospital admission, especially during the winter months.

However only 163 (9 percent) people in this patient group were referred by the RRT for ED attendance or hospital admission.

**Clinical presentations**

**Respiratory conditions** Older people make up a vulnerable patient group and they experience disproportionate levels of morbidity and mortality from respiratory disease, particularly during the winter. One of the main causes of hospital admissions over this period, therefore, is exacerbation of respiratory disease.

During the six-month review period, 337 patients with respiratory conditions were referred to the RRTs. In January 2010, these patients accounted for about one third of all presentations.

The teams were able to help 310 (92 per cent) of these patients in their own homes, with about half requiring drug interventions (Figure 2).

The RRTs revisited patients to ensure that their treatment plans were effective and to help their carers. A patient survey undertaken in November 2009 (Urgent Care Social Enterprise 2009) shows that this aspect of the service is popular with patients, one of whom said: 'I am happy with the rapid response team because it offered a follow-up visit on the following day, which is not usual with out-of-hours doctors or GPs.'

**Gastrointestinal conditions** Referrals for gastrointestinal (GI) conditions, at an average of 15 per cent of all referrals, and for genitourinary conditions, at an average of 12 per cent, did not vary over the winter period.

Of patients referred to an ED, 22 (8 per cent) of 280 had GI conditions, 2 percentage points more than the average of patients referred to hospital with all other presenting conditions.

Patients with genitourinary conditions, which were diagnosed predominantly as urinary tract infections, made up the highest percentage of those who were managed at home with drug interventions.

Of 214 patients with genitourinary conditions, 158 (74 per cent) received medication, 34 percentage points more than the average for all referrals to the RRT service (Figure 2).

Overall medicines were supplied to 726 of 1,814 patients, or on 40 per cent of occasions. These patients required a supply of, or prescription for, medication to support their safe management in the community. Some receive prescriptions from those RRT clinicians who were nurse independent prescribers, or through their GPs, or through the use of patient group directions.

**Implications for practice**

The Urgent Care Social Enterprise service ensures that patients can be cared for in their own homes while costly hospital admissions are avoided, and ensures that healthcare services can be tailored locally to meet the needs of individual primary care trusts.

**Further information**

Details of Urgent Care Social Enterprise are available at www.urgentcarelimited.com

**References**


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