Rapid Clinical Assessment Team (RCAT)

Mobile Medical Assessment Unit

Halton

Professor Bimal Bhowmick

Halton Clinical Commissioning Group
RCAT
The Challenge

‘I am ill. I’m in my own bed at home. Please treat me here’
Case Study 1

I.L: 86 year old female, who lives in a Care Home

Reasons for Referral

- Treated for suspected UTI for 3 weeks, resulting in 3 course of antibiotics
- Not eating nor drinking
- Febrile
- Agitated
- Lower abdo pain, noted by Carer
- No Better

Known Patient of

- Vascular Dementia
- Type 2 Diabetes
- Chronic AF
- CKD 3b
- Cardiac Pacemaker
- IHD
- + Other Long Term Conditions
Case Study 1 (continued)

RCAT Diagnosis
- Recurring Urosepsis ? Pyelonephritis
- Delirium
- AKI
- Frailty

RCAT Interventions
- IV antibiotics for 7 days
- DNAR in place

Outcome on Discharge
- Fully recovered
Case Study 2

J.H: 76 year old female, who lives with husband

Reasons for Referral

- 4 days SOB, with pain in right upper chest
- Cough; blood on two occasions
- Spending most of the time in bed

Known Patient of

- HTN
- LVSD
- Anxiety/depression
- Agoraphobia
- Gall stones
Case Study 2 (continued)

RCAT Interventions

- Sub cut enoxaparin administered
- CTPA – next day: No Clots

RCAT Diagnosis

- Bronchogenic Carcinoma

Outcome on Discharge

- Urgent referral to Respiratory Team
RCAT Earliest Intervention – The ‘3G’ Syndrome

Normally just able

GOING
Time away from carers and social network
Care package interrupted or withdrawn

GOING

GOING

GONE

MDT review ‘Unsafe for discharge’

RCAT

Off to HOSPITAL

Ward admission

DTOC Bed blocking

Reduced confidence
Disorientation, loss of routine
Reduced mobility
Increased confusion

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What We Did!!

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How RCAT was Developed: Linking up Services

**COMMUNITY NURSING** – Matrons and District Nurses

**SECONDARY CARE**
- Physicians
- A&E
- MAU

**VOLUNTARY ALLIANCE**

**CARE HOME PROPRIETORS & VISITS TO HOMES**

**CARERS GROUP**

**INTERMEDIATE CARE FACILITIES & SERVICES** e.g. RARS

**OLD AGE PSYCHIATRY**

**PALLIATIVE CARE**

**COMMUNITY THERAPIES**

**SERVICE DEPARTMENTS**
- Biochemistry, Haematology, Radiology.

**TELECARE**

**COMMUNITY PHARMACIST**

**AMBULANCE SERVICE FALLS TRANSPORT**

**URGENT CARE CENTRE**

**SOCIAL SERVICES Councillors**

**LEADER**
- Forming the team

**GENERAL PRACTITIONERS** – Done via visits to practices and attendance at NHS Halton CCG Service Development Committee & Practice Managers Meeting
RCAT: Mobile Medical Assessment Unit

VIRTUAL WARD
Resident in own home, care home or sheltered accommodation

Time Response
2 hours

REFERRING BODIES
GP led Primary Care Teams

General Practitioner

RCAT
Nurse Assessors & Consultant

Diagnostics

Prevent Admission
Reduce DTOC
Prevent Premature Admission to Care Homes

Communication between Patients and Carers

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Outcomes
RCAT Referrals April 2016 – March 2017

Place of Residence

- Living Alone at Home: 38%
- Living at Home with Family Member/Friend: 3%
- Member/Friend: 23%
- Living in Care Home: 36%
- Living in Sheltered Accommodation/Extra Care Housing: 3%

Total Number of Referrals = 194
RCAT Referrals April 2016 – March 2017

Outcome on Discharge

- Admission Avoided (inc. Advice, Palliative Care & Deceased) 85%
- Admission to Hospital 14%
- Inappropriate Referral 1%

Total Number of Referrals = 194
Feedback

‘I was very privileged to receive this care, the Professor and his Team were wonderful and caring. Without them, the alternative would have been a spell in Hospital’

Patient

‘Your service is gold’

Patient’s relative

‘Already, he has made a big impact on dozens of people, preventing numerous admissions’

Halton GP
Questions