Livewell Southwest

Acute Care at Home Team

Caring for you closer to home

Information for Professionals

Who are we?

The Acute Care at Home team is a service designed to help prevent unplanned admissions to both acute and community hospitals and reduce length of inpatient stay, with early supported discharge for patients aged 18 and over registered with a Plymouth GP.

We operate from 8am til 10pm, 7 days a week, caring for patients as close to home as possible. This includes providing care in nursing and residential care settings.

We work with existing community based teams providing some of the more acute care that can keep patients at home.

What can the service offer?

Following medical assessment and diagnosis, and with agreed medical cover, the service can offer:

- Intravenous Hydration Therapy
- Intravenous (IV) Antibiotic Therapy (excluding drugs requiring pump administration) up to three times daily
- Other Intravenous Therapy including diuretics
- Tests and investigations to aid medical diagnosis, including ECGs

Medical Cover

Direct medical responsibility will come from the **referring team**.

Patients commencing with the service from an inpatient setting will remain under the medical responsibility of the consultant until the GP is prepared to accept that responsibility. Additional medical support will be provided by the Acute GP service.

In all cases clear responsibility must be communicated to the Acute Care at Home team.

How to refer

We can take referrals from 8am til 7pm, 7 days a week.

Referral Line: 01752 435567

If this is not answered, our team are out with patients. If you require an immediate response, our mobile number is 07795 505578.

Referrals will be limited by the clinical capacity of the team.

Medication

Inpatient and acute GP referrals: Drugs, diluents and sundries should be supplied for the patient for the duration of the treatment on discharge from the acute hospital. A Prescription Chart must be completed and sent with the patient.

Primary care: GP / community patients must have a Prescription Chart completed by the referring GP. Medication will be issued from stock items until such time as FP10 can be filled to avoid delays in commencing therapy.

Admission to the Acute Care at Home team

Inpatients and acute GP referrals: A completed prescription card must accompany the patient on discharge. An end of treatment plan must also be agreed before admission to the caseload. If the patient has a Treatment Escalation Plan this must remain with the patient.

Primary care: The Acute Care at Home team will require a patient profile for each patient from the registered GP practice and a completed Prescription Chart. An end of treatment plan must be agreed before admission to the caseload. If the patient has a Treatment Escalation Plan this must remain with the patient.

Discharge from the Acute Care at Home team

A discharge summary letter will be forwarded to the patient's own GP or clinician managing ongoing care.

The Acute Care at Home team welcomes your feedback and suggestions:

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www.livewellsouthwest.co.uk

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