

- We will visit you at home to assess your needs within 24 hours of your discharge from hospital.
- You will be given the name of your key worker and be provided with a number to call them if you have any questions about the pathway or need to rearrange a visit.
- The maximum period the service will be provided is 6 weeks.
- During this time we want to help you become as independent as possible.
- If you need further assessment from the community health team or social services, this can be arranged for you.
- A financial assessment will be required if you require on-going social care.

Contact us
Urgent Community Response -
Tower Hamlets
Beaumont House
Mile End Hospital
London
E1 4DG

Tel: 0300 033 5000
Email: thgpcg.spa@nhs.net

Web:
www.elft.nhs.uk/Services/tower-hamlets-community

To help improve our service,
please scan for instant access to
the service experience survey



We promise to work together creatively to: learn 'what matters' to everyone, achieve a better quality of life and continuously improve our services.
We care . We respect . We are inclusive

TOWER HAMLETS

Urgent Community Response

Helping you identify your community support requirements at home following hospital admission or A & E attendance



Who works in the Urgent Community Response?

Our team includes:

- Nurses
- Physiotherapists
- Occupational Therapists
- Social Workers
- Rehabilitation support staff
- Reablement Officers

The team members work closely with the Reablement Service, your GP, the Extended Primary Care Teams and other support services in our community.

To contact the team or rearrange your appointment, call 0207 771 5750 (after 5pm and at weekends, call via the Single Point Of Access 0300 033 5000).

Please raise any thoughts or concerns to Ayo Ajibade (Clinical Lead) on 0207 771 5750; he will try to resolve any issues straightaway.

Alternatively, you can contact our confidential PALS (Patient Advice and Liaison Service) on 0800 783 4839. You can put your complaint/suggestion by email to: PALSandcomplaints@elft.nhs.uk

What we expect from you and those important to you

We expect you or someone important to you to take an active part in your assessment and in identifying what you need to return to independence or to plan your future care.

We also need you to participate in your agreed rehabilitation programme and to be welcoming and respectful to our staff.

You may be contacted to share your views on the service. Close friends and family who have been involved would also be welcome to share their views.

This will help us to understand what we are doing well and to make improvements to our service.

Discharge to Assess - What you can expect from the service

The Urgent Community Response is one of the community services run by East London NHS Foundation Trust.

The UCR pathway uses a model called "Home First" or "discharge to assess" based on the principle that most peoples' on-going health and care needs are best assessed at home. Once you no longer need to be in an acute hospital environment, we will meet you on the ward to facilitate your discharge home and help you recover safely.

- We will assess your immediate needs on the ward or in A&E, and if you need carer support, this will be arranged before you are discharged from hospital, then reviewed by a social worker once you are at home, as it is likely to change.
- This support will often be via the Reablement service.

