





Rapid Other Pathway

Call the Common Access Point on 01656 642279
Or Fax a referral to the Common Access Point on 01656 815074
Mon-Fri 0830 – 1630hrs

Who can refer? Anyone – Patients can self refer, relatives & friends as well as carers and Healthcare Professionals (although this guide is intended for Healthcare Professionals).

(Referrers not on list may be required to provide additional information)
Primary Care/Community Based
GPs (from within the Bridgend locality)
WAST Paramedics & APPs (see Rapid WAST Pathway)
District Nurses

Who holds clinical responsibility when ACT is involved? Ongoing medical care should by default be provided by the patient's GP. If an acute clinical problem presents, the ACT will discuss with the GP if they want ACT to manage said problem or even temporarily take over care entirely (i.e. swap to Rapid Medical pathway).

What do I do to refer? Call or send/fax a referral to the Common Access Point (CAP). CRT has a number of teams that can respond to patients depending on their needs. Our Multi-professional CAP team will ensure all referrals get to the most appropriate team so please ensure your referral has enough detail to let them make that decision swiftly. Please see below to see what level of need would necessitate result in an ACT response under the Rapid Other Pathway.

ACT Services

- Rapid Frailty assessment/care & intervention/hospital admission aversion service to prevent further decline in health or independence for the patient. CRISIS.
- A situation might be classed as a crisis because:
 - The patient has a combination of Frailty syndromes such as falls, undiagnosed incontinence, cognitive
 impairment, reduced or fluctuating functional abilities or susceptibility (disproportionate response to drugs or
 minor illnesses) and requires a Comprehensive Geriatric Assessment (CGA) to optimise the patient's chances
 of recovering/maintaining their independence and wellbeing.
 - The patient is having an acute or an 'acute-on-chronic' functional decline which is now necessitating urgent care and the only other options to ACT input are imminent hospital admission or urgent residential respite placement.
 - A patient has become <u>acutely</u> immobile (with no applicable exclusion criteria).
- Falls assessment at home service.
 - For patients who for whatever reason are not suitable candidates for Pendre and Maesteg day hospital services.

Exclusion Criteria

- Acute chest pain
- Acute shortness of breath
- Suspected fractures (i.e. requiring diagnosis)
- Major haemorrhage
- New stroke/FAST positive (requiring diagnosis/assessment)
- Patients aged 17 or younger







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Making a referral to ACT using Rapid Other Pathway

Secondary Care Referrals

Primary Care / Community Referrals

Ensure you have all relevant patient details, clinical information and management plan to hand.

Complete the CRT referral form.

Including as much information as you can regarding the patient's care needs, clinical problems and household information such as next of kin details and contact telephone numbers will help ensure as swift a response from our Duty Professionals as possible.

Hospital professionals are requested to send a copy of any up to date CGA they may have for the patient or alternatively a clinical summary of the patient and their involvement.

Fax your completed referral to:

01656 815074

In the case of referring on a Fall assessment at home (for example – they are not suitable for your service), we will also accept e-mail referrals:

Call the ACT HOT phone to discuss and to get e-mail address for the Practitioner on-call on

07773 256619

Complete the CRT referral form.

Including as much information as you can regarding the patient's care needs, clinical problems and household information such as next of kin details and contact telephone numbers will help ensure as swift a response from our Duty Professionals as possible.

GPs are kindly requested to send a copy of the patient's medical summary and medication.

Fax your completed referral to:

01656 815074