Frequent Caller National Network (FreCaNN) – Written evidence (AES0008)

Access to emergency services
UK Parliament Inquiry

1. Introduction

1.1. Launched in 2013 the Frequent Caller National Network (FreCaNN) brings together frequent caller teams (FCT) from each ambulance service across the UK, to share best practice and inform local and national policy on the standardised management of patients (18 years of age and older) who frequently make emergency calls to ambulance services. Where appropriate a UK-wide approach is taken.

1.2. Frequent callers (FC) are defined as *'An individual aged 18 or over who makes 5 or more emergency calls relating to individual episodes of care in a month or 12 or more emergency calls related to individual episodes of care in three months'*

1.3. At a local trust level, each FCT identifies and develops management strategies for FC, utilising evidence based practice to improve the quality of care delivered to FC. By collaborating with system partners including: primary care, emergency departments, mental health, social services and voluntary agencies, teams work to identify any unmet care needs, working with patients directly to ensure they receive the right care, at the right time, from the right service.

1.4. FreCaNN remains committed to reducing the activity created by FC to 999, with continued partnership working alongside existing multi-agency and professional services. As a national ambulance group, we continue to learn and identify opportunities to replicate services which can be integrated to manage the chaotic and demanding nature of this clinically complex and vulnerable patient cohort.

1.5. As a priority we aim to:

- Deliver person centred care that supports patients with complex and multiple care needs

- Develop skilled and effective FCT, able to advocate and champion a person centred approach

- Develop effective partnership with all local agencies to improve care and outcomes for our patients

- To tailor care individual to the varied communities we serve

- To promote evidence-based practice evaluating the effectiveness of support and management.

2. Benefits to the Ambulance Sector

2.1. Dedicated FCT enable more FC to be managed and enable earlier targeted interventions, saving trusts time (call handling and clinical hours) and resources (ambulances), enhancing trust performance and successfully contributing to an effective demand management strategy. This will release front line clinicians to focus on providing high quality, timely care to those patients who need it most. Additional FCT resources will support early intervention with patients to mitigate their calls and behaviour escalating.

2.2. Our approach to providing care to FC involves a whole-system approach, utilising a staged framework. Each FCT collaborates with primary care, emergency departments, mental health services, other emergency services, community and voluntary services and commissioners amongst other agencies to ensure our patient's medical and holistic care needs are met.

2.3. FCT have adopted 'response plans' which allow trusts to manage certain FC differently compared to normal 999 call handling procedures. Once life-threatening conditions are excluded, cases are transferred to a clinical queue where a health care professional (HCP) will contact the patient and complete an enhanced clinical triage, choosing from a range of end dispositions to meet the needs and expectations of the patient. This may be a local referral to a community service, referral to a specialist practitioner and/or discharge of the case. Without these response plans, FC would continue to receive inappropriate ambulance attendances due to the NHS Pathways triage assessment.

2.4. The creation of 'response plans' ensures each ambulance service responds appropriately to patients' emergency calls whilst ensuring all services work cohesively to meet their needs and expectations. Most FC across the ambulance sector present with complex, challenging clinical, behavioural and social presentations, with very few patients making malicious or vexatious calls.

2.5. The number of patients identified as FC to 999 will inevitably increase due to the yearly increase in demand on 999 services (forecast at +6%), therefore, FCT have created an operational model that will deliver safe, effective management which ultimately positively impacts on staff, its resources and the wider health and social care economy by supporting wider Integrated Care System/Primary Care Network initiatives and inter-agency working.

2.6. Ambulance service FCT are best placed to reduce the impact on 999 and system partners, many ambulance services are moving towards an integrated urgent care (IUC) clinical assessment service by incorporating NHS 111. By identifying and managing FC to both 999 & NHS 111 by a dedicated central team means that patients will receive the right care, at the right time, at point of call through telephone triage. In turn this will reduce inappropriate signposting to Emergency Departments and taking up valuable Out of Hours GP appointments. Many 999 FCT have on average 500 identified patients at any one time with approximately 100 new FC identified each calendar month.

3. Strategy of FCT

3.1. The work of the team directly correlates to the Lord Carter Report - September 2018 which highlighted that managing demand (especially from FC) is an important part of delivering a productive and effective ambulance service. As a team we reduce avoidable demand by working with patients and local services by implementing response plans, so when a patient does call 999 or 111, they can be signposted to an appropriate service to manage their complaint as opposed to receiving an ambulance response or inappropriate disposition, over time their call volume will reduce to ensure they make the right call at the right time.

3.2. The case work of FC requires persistence, resilience and the ability to effectively escalate and contribute to complex case management, FCT are ideally placed to identify these patients,

work with local services to address their needs and make a positive impact on their utilisation of services, impact on operational performance and most importantly meet their health and social care needs.

3.3. FCT directly collaborate and works with blue light services and wider NHS Health & Social Care services to ensure our patients receive the best possible care, in the right place, delivered by the right people. The work achieved to date evidences an increase in patient outcomes through reduced call volume, conversion from S&T[1] to H&T[2] and successfully managing patients leading to them no longer contacting our service, this forms part of the wider NHS 5-year forward view.

4. Challenges FCT experience

4.1. **Lack of adequate investment** by the NHS in funding ambulance frequent caller teams, the NHS 5-year plan focuses on Emergency Department Frequent Attenders – these are a separate cohort of patients, case management of this cohort does not impact on 999 or NHS 111 services and does not address the challenges pre-hospital providers face. At any one time FC teams have over 500 identified patients whereas our ED counterparts only have 20-30 cases.

4.1.1. The majority of FCT are funded through existing Trust budgets, many are facing difficulties in obtaining further funding to increase the number of staff. By not investing in FCT patient care will not be delivered in the most clinically and cost-effective setting, with FC regularly receiving consistent ambulance attendances for their presentations leading to the wider population waiting extended periods of time.

4.1.2. Most importantly patients care needs will not be met, vulnerabilities will be missed and opportunities for external referrals such as safeguarding will be delayed/missed.

4.2. **Current legal frameworks** do not allow for swift management of vexatious and/or high intensity FC who cause impact on service delivery and patient safety. Communications Act Offences to not sufficiently cover 'misuse of ambulance services'. Much time is spent liaising with our Police counterparts on areas of the law to help progress cases through the legal system whereby

an individual has called the ambulance service excessively, made false claims to obtain fraudulent access to the ambulance service and/or been verbally abusive towards call handlers.

4.3. **Lack of responsive mental health support** – current community based and crisis team mental health services are not funded to provide a responsive home visiting service, leaving patients with a diagnosed mental health condition signposted to call the ambulance service to attend and manage their issues.

4.4. **Lack of primary care support** - means patients now present to 999 for management of their chronic medical needs due to difficulties in accessing appointments or lack of continuity of care provided by their local GP service. The majority of GP's are not given protected time to attend patient professional meetings, primary care should be the initial point of call for patient care and community management, without GP input into care planning it can be difficult for system partners to build a complete picture of the patient.

4.5. **Lack of NHS system integration** – NHS services continue to work in isolation, particularly when it comes to software and patient record platforms. Whilst national work is ongoing in relation to interoperability system, ambulance services still face difficulties when trying to access primary, secondary and mental health information about an patient. Local trusts and primary care services often use different platforms which do not work together. Data protection and GDPR principles can often hamper efforts to seamlessly integrate platforms to ensure swift and easy information sharing between professionals and agencies.

4.5.1. With the increasing awareness of frequent callers (to 999) and frequent presenters (to the Emergency Department and Primary Care), there has been an increasing trend of services attempting to manage the same patient cohort. From NHS Right Care to ED Frequent Attender Forums and CCG led frequent service user teams and the recently decommissioned Serenity Integrated Mentoring (SIM) model.

4.6. Due to challenges such as lack of system integration and reluctance to nominate a lead agency, joined up working does not always take place, thus creating duplication, lack of shared understanding and joint planning across the system. It is important

to emphasise that 'case management' of an individual should sit with the most appropriate provider to support patient care and reduce inappropriate demand, this is not the Ambulance service, yet many FCT find themselves in this position.

5. Summary

5.1. Predominantly FC are a vulnerable patient cohort who present with multiple unmet complex physical health, mental health and/or social care needs, very few patients are malicious/vexatious in their presentation.

5.2. Each FCT intervenes and resolves those patients who access their emergency urgent care needs via 999 at a significant high level, our work to date has led to the identification of patients who are at risk, vulnerable and those that continue to have unmet and health or social care needs.

5.3. FCT works with system partners and external stakeholders to implement response plans to ensure patients continue to receive the right care at the right time, in the right place by transitioning patients from 'see & treat' to 'hear & treat' by ensuring they receive an enhanced clinical triage prior to ambulance deployment.

5.4. Many FC access 999 inappropriately for the type of health & social care provision they are seeking. Many patients have exhibited these behaviours over a long period of time, sometimes in addition to contacts with other NHS and emergency services. This indicates significant potential for reducing workload on our service and the wider health and social care economy.

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[1]See & Treat = Ambulance assessment at the patient's location, followed by appropriate immediate treatment, discharge and / or referral.

[2]Hear & Treat = Emergency calls resolved through telephone triage via a call handler or clinician completing an assessment, followed by a referral and / or discharge.