

# Frequent callers initiative

Welsh Ambulance Services NHS Trust



## What is it, and what makes it different?

In 2012-13, the Welsh Ambulance Service spent more than 3,660 hours providing care and assistance to the top 10 frequent 999 callers from each of the seven health boards in Wales.

Many of these frequent callers had genuine clinical needs; the vast majority suffered with long-term medical or social problems.

As the ambulance service provides an emergency medical service designed to provide immediate treatment and intervention to life-threatening or serious problems, many of our frequent callers' long-term chronic needs are not best met by an ambulance or paramedic. The outcomes for these frequent caller patients are neither positive nor effective and the unnecessary use of the service results in thousands of wasted hours, which could be more valuably spent attending to other patients.

Our clinical support officers engaged with partners within each of the health boards to resolve the needs of these patients in partnership.

We have adopted an evidence-based approach to identifying and managing frequent and repeat callers to our service by working with other health and social care organisations to ensure care arrangements and alternative care pathways are in place to meet the needs of individual patients.

There is a recognised initial trigger point of an excess of five 999 calls in a month or 12 calls in a three-month period, which when reached will result in the relevant clinical support officer from the Welsh Ambulance Service making contact with the patients' GP or GP practice manager to make them aware of the number of calls the ambulance service has received. At this point, there may be a clinical discussion with the GP to establish whether they are encountering similar demands. The GP would also be able to inform the clinical support officer of what further services the patient may have been referred to and is currently engaging with. That may be social services, mental health services..

The practice manager will either contact the patient by telephone or write a letter referencing the number of ambulance contacts and will attempt to resolve the issue there and then. We do see some success with this, however some of our patients are known by multiple agencies. At this point, if the demands are high, a multidisciplinary team meeting will be arranged and all parties will attend in an attempt to coordinate the patient's ongoing treatment or demands.

The management of the frequent caller requires the support of all agencies, which includes the emergency department, police, housing and community alarm (the service where a personal alarm button, usually worn on a cord, can be pressed to summon assistance should it be required, in the case of a fall for example)- to name a few. These patients will be known to all these service individually but in the past we have not worked together towards meeting their needs collectively.

An example of partnership working which has resulted in a successful outcome was for a patient who had rung 999 in excess of 60 times complaining of feeling suicidal. In partnership with mental health services, it was discovered that the underlying issue was the patient's dislike of his key worker. The simple act of listening to the patient and changing his key worker resulted in no further 999 calls to the ambulance service from that patient.

We realise that to ignore problems such as these and carry on responding to these calls in the way we have done in the past would jeopardise the effectiveness of the ambulance service and its intended purpose.

### **What impact has it had?**

This collaboration has seen many patients being signposted to the right agencies, which has resulted in them having their clinical needs met. For example, this could be arranging an inpatient admission for a patient who has become alcohol dependent or seeking specialist clinical opinion and bringing it forward for a patient repeatedly dialling 999 with immunology or urology-related calls.

The number of 999 calls from frequent callers was dramatically reduced following our interventions.

One real life example is that of patient U, a 35-year-old lady with severely-reduced mobility following a fall some years previously. Patient U developed an alcohol dependency over the course of 2013, which culminated in 36 999 calls that year, consuming a total of 1,911 minutes or 31.85 unit hours of ambulance time.

The vast majority of these calls were prioritised as green 1 responses as it was often impossible to illicit the reason for the call due to patient U being intoxicated. Clinically, this patient's needs were not being met, as many of these calls resulted in patient U being left at home in the care of relatives. In addition to this, the volume of calls received was adversely affecting the ability of the Cardiff and Vale team to deliver responses to higher acuity calls.

The frequent caller guidance was used and a meeting between the clinical support officer and patient U's GP practice manager was arranged. Following further

meetings between the practice manager and her GP, patient U was admitted for inpatient treatment with the Cardiff Alcohol Team.

In the three months since patient U received inpatient treatment, the Welsh Ambulance Service received only three calls from her which were either cancelled by the patient prior to an ambulance being dispatched or the calls were managed by NHS Direct Wales.

This work is improving patient outcomes; helping to improve the performance of the ambulance service and ensuring cost effectiveness.

### **What makes it prudent?**

Our work to reduce the demands placed on the ambulance service by frequent callers strongly exhibits many of the principles linked to prudent healthcare. It ensures that our highly-trained paramedics are working at the top of their clinical license, dealing with immediate life-threatening emergencies; situations are addressed in a co-productive way as the Welsh Ambulance Service works with other agencies and listens to the patient voice; the potential for inadvertent harm to patients is reduced as they are signposted to services and interventions which will actually improve their situations.

These principles are manifested through:

- Improved patient outcomes
- Financial savings for the Welsh Ambulance Service and health boards
- Performance improvement
- Reduced reporting of adverse incidents (DATIX)

We project that by implementing our frequent caller protocols, we will potentially reduce 999 calls in Wales by as much as 3,569 a year, effectively increasing the number of ambulances and paramedics on the roads to more quickly attend more appropriate emergency situations.

### **For more information:**

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