

Delivering an urgent community frailty response service

An ambulance and service provider implementation toolkit

Ambulance/service provider a best practice implementation toolkit: Steps to success

This toolkit has been developed to enable ambulance / service providers* to deliver a urgent community frailty response which is appropriate for their system and population.

The toolkit:

- Describes **17 key steps** ambulance/service providers need to consider alongside commissioners and system partners
- Is downloadable and can be adapted for local use
- Provides links to a wide range of resources to support and inform local conversations to deliver urgent community frailty response models

The steps to success are:

Step 1: Where do we start?

Step 2: Systems ingredients for success

Step 3: Ingredients for success for ambulance and service providers

Step 4: Barriers to implementation

Step 5: Review and agree your triage algorithm

Step 6 - 17: Preparation for your urgent community response service checklists

* This can be acute provider, community or an integrated approach



Step 1: Where do we start?

If you are an ambulance or service provider considering a urgent community frailty service in your locality, consider the below with your commissioners/ICS before starting your service:

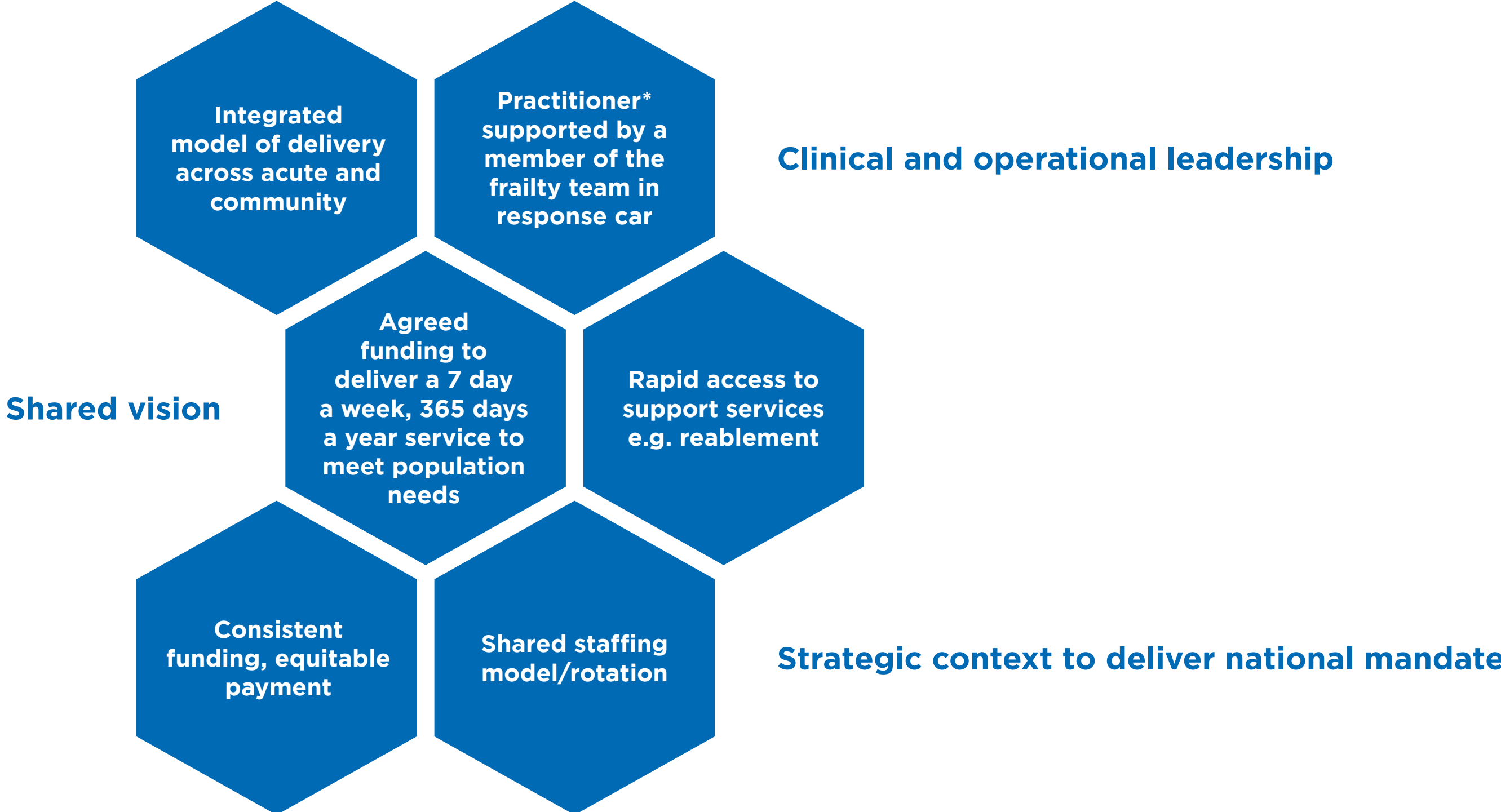
- 1 Before developing your service, we recommend reviewing ambulance data to understand where the service will have the most impact
- 2 Using the data identified in 1 can you identify the optimal service model you wish to deliver?
- 3 Have you identified and engaged with acute, community and ambulance system leaders to discuss and agree your service plans?
- 4 Have you established clear leadership roles and responsibilities of local strategic, operational and clinical leaders in delivering service(s)?
- 5 Who will be clinically responsible for the service?
- 6 Is your governance framework clear and transparent?
- 7 Have you identified key metrics and measures of success for the service?
- 8 Are there barriers to implementation? How will they be overcome? How can you work together as a system?



Refer back to this as you develop your service. **Please use the developed resources within this implementation toolkit to aid discussions.**

Step 2: System ingredients for success

Consider your systems ingredients for success with your commissioners



Step 3: Ingredients for success for ambulance and service providers

Urgent Community Frailty Response Service: Ingredients for success

Data

- Utilise population health management data to help understand system needs
- Process map current service provision to identify opportunities and barriers

Integration and pathway development

- Clear standard operating procedures for ambulance service and supporting organisations including GPs
- Integrated pathways for ease of access to services
- Developing an integrated approach demonstrating benefit to all stakeholders
- Developing clear pathways for immediate provision for X-ray / diagnostic tests, without admitting patients

Relationships

- Paramedics building trusted relationships with clinical leads
- Enhancement of relationships with community teams to streamline processes e.g. Rapid referral to Community Services e.g. District Nurse, Community Team
- Enable rapid access / provision of medication / pain relief across the system; Rapid referral to social care services / placements; Rapid referral admission to Emergency Department (ED) / hospital and discharge to assess (D2A) beds

Funding

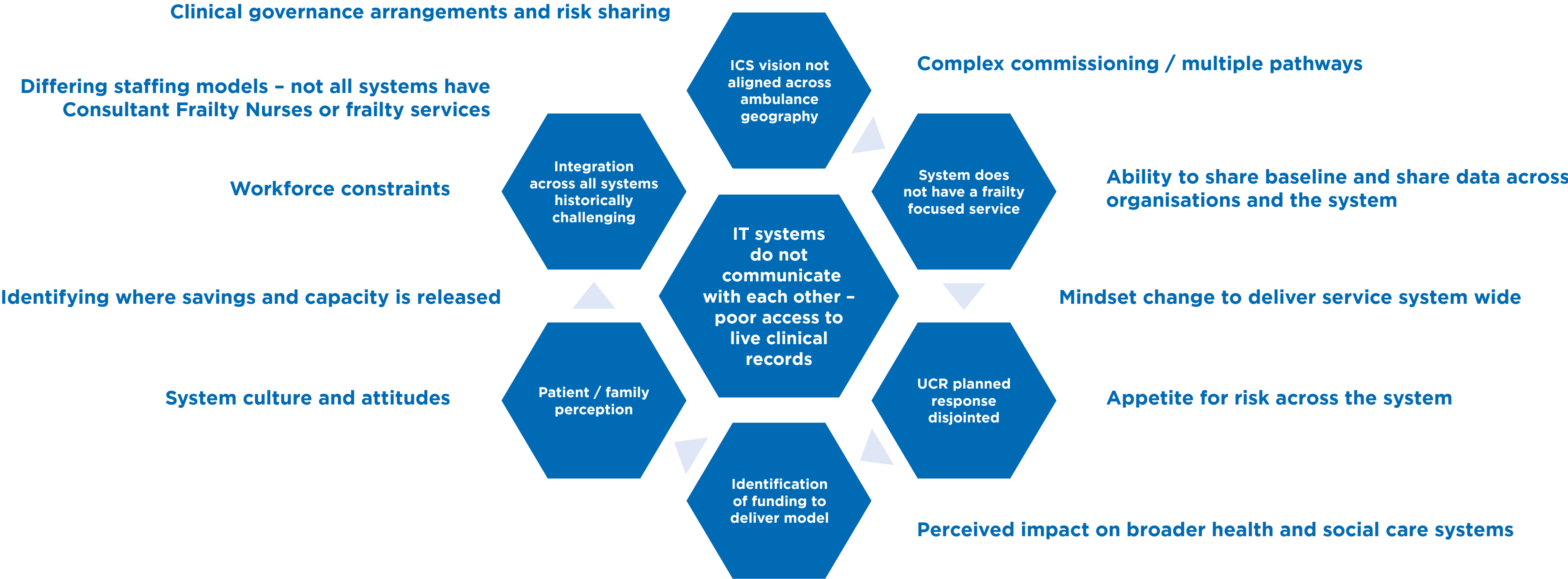
- Where needed, funding for a Band 7 Specialist Paramedic
- Funding to be part of 'business as usual' to ensure sustainability, recruitment and retention of staff

Governance

- Risk sharing / indemnity across the system

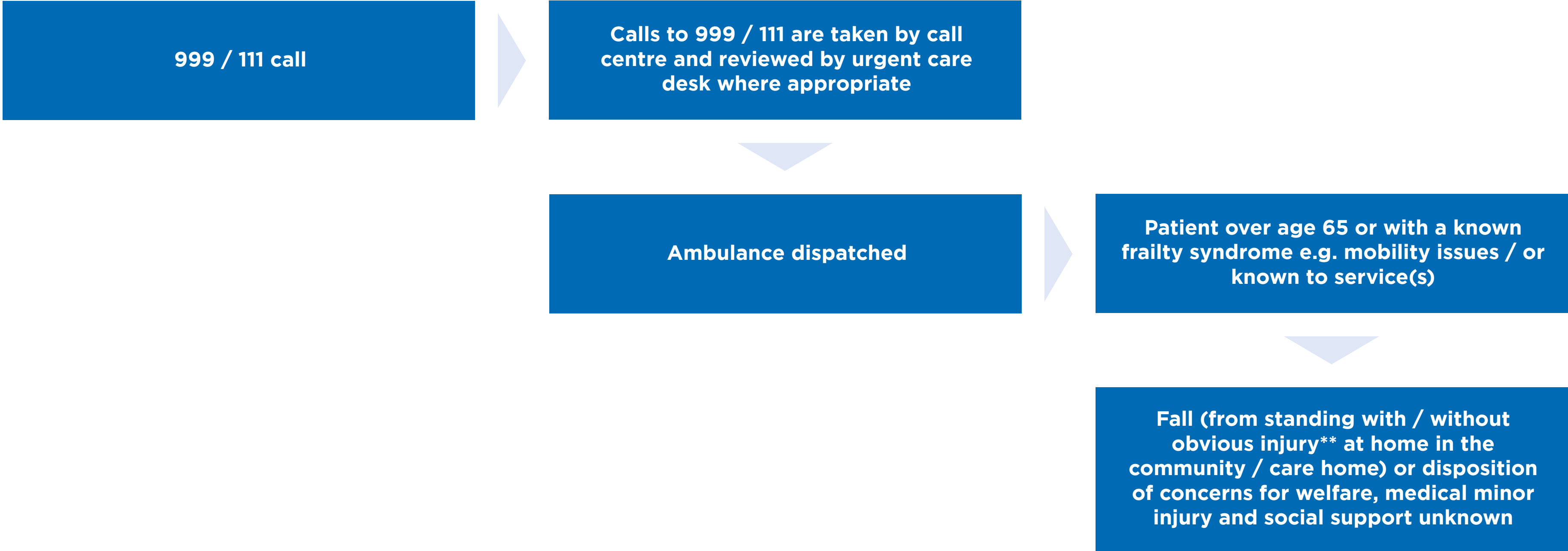
Step 4: Barriers to implementation

Consider the barriers to implementing an urgent community frailty response service with your commissioners



Step 5: Review and agree your triage algorithm

Consider your 999 / 111 triage algorithm with the wider team. See example below from South Central Ambulance Service (SCAS)



****Potential presenting complaints:**

- Slipped getting out of the shower
- Slipped over shoes
- Misjudged step
- Misjudged where walking aid was
- Fell out of bed
- Fell off the commode tripped over pet
- Fell while going to toilet at night
- Getting over a period of hospitalisation
- Feeling generally unwell

Click [here](#) for further information.

Step 6: Preparation for your urgent community response service

Funding for service mobilisation

Ensuring that funding is available to develop, implement and grow your service is fundamental in ensuring sustainability. Agreement of how the service will be funded in the short and longer terms will ensure transparency in return on investment for both commissioners and providers.

- Obtain support from your local service providers proposing the new service. The ICS will be fundamental in championing, supporting and developing your service.
- Identify any additional money you will need to set up the service:
 - Identify available funding to support extra staffing to deliver your service requirements or can roles be rotated? Having flexibility across the system, across acute and community providers will minimise the need for additional investment for new posts, and will enable integration and opportunities for staff retention.
 - Agree who will continue to fund the vehicle in its entirety, e.g. service, vehicle MOT, fuel and insurance, longer term.
 - Consider and agree who will fund fuel for service vehicles, additional equipment, Occupational Therapy (OT) equipment, additional medications and specialist paramedic equipment).
 - Explore whether commissioners help with any additional funding for this equipment. Clarity over logistical funding and payments and ongoing maintenance of the service vehicles and associated resources will ensure that all parties are clear on financial requirements.
 - Consider whether any funding from the Urgent Community Response budget will be used to fund a broader integrated service or be diverted where investment is needed to support the service model. Clarity over where and how funding can be used will ensure that all potential options are considered.
 - Ensure the service has considered costs for fuel, additional equipment (Occupational Therapy equipment, additional medications and specialist paramedic equipment).
- Consider whether funding be repurposed from other funding stream. Identifying where funding for developing and growing your service will ensure that the service is maintained longer term.
- Consider how will you support the funding of this if the ICS does not have access to additional funding streams.

Step 7: Preparation for your urgent community response service

Return on investment

Discussing how return on investment will be realised and calculated will ensure that appropriate data is captured and monitored to evidence impact on emergency attendance and admissions.

- Agree how cost savings will be delivered and shared across the system before enacting the service.
- Identify whether the cost savings can be expressed in the reduction of excess bed days, admission avoidance or another agreed metric.
- Agree how and to what level of detail this information will be collected.
- Discuss and agree how cost savings will be shared with service or the wider system.
- Consider plans to re-invest savings to develop patient centred services further.

Step 8: Preparation for your urgent community response service

Accountability and participation

- Identify and engage with acute and community leaders in the CCG / PCN / Out of Hours / Care home teams to discuss plans for your service.
- Establish clear clinical leadership roles and responsibilities for your service.
- Clarify roles and responsibilities of all staff.

Step 9: Preparation for your urgent community response service

Governance

- Ensure clear governance structures are in place for the service, considering strategic leadership at commissioning and clinical boards.
- Communicate the clinical leadership for the service and how risk will be managed.
- Ensure standard operating procedures have been clinically ratified with clinical oversight.
- Schedule regular audits to ensure the service is meeting patient and staff need through regular case / peer reviews / patient outcome reviews.
- Identify how out of hours calls are dealt with when frailty response service is not being provided.
- Clearly communicate the out of hours plans to GPs / 999 / 111 services.
- Develop clear safety netting advice for patients, consider different formats of communication.
- Consider the mechanism for follow up for patients post visit.

Step 10: Preparation for your urgent community response service

Transparency

Transparency in reviewing, learning and developing the service is key in building a sustainable model that is adaptive to local needs. Below are hints and tips in developing a best practice approach:

- Develop a quality improvement approach to review and monitor the service as it grows.
- Co-produce your service plans with the local community to define new patient pathways.
- Develop or link into community of practice / learning networks via your local Academic Health Science Network.

▶ [Click here for the Academic Health Science Network](#)

- Identify relevant signposting and safety netting advice for patients.
- Identify how you will bring learning together from across the system.
- Carry out regular audits with service users, sharing learning with stakeholders, encouraging conversations for further improvement.

Step 11: Preparation for your urgent community response service

Communication

Mapping your communication networks, processes, service users and stakeholders before you launch your service will ensure an effective and efficient go-live launch. Ensuring communications are regularly reviewed and updated will help promote the importance of this service.

- Consider how you will communicate with ambulance crews and local stakeholders, e.g. GPs involved in the implementation of the service.
- Identify whether you need support from your local communications team ahead of the launch of the service. Get them on board as soon as possible to help shape the launch.
- Identify how and when you will communicate your service to colleagues and to the public.
- Plan how the service and the ICS are communicating the service to the public, and health and social care partners / voluntary sector.
- Consider how you will communicate with teams not involved in the best practice model in your area about the service.
- Agree how you will continue to keep the lines of communication open within your organisation / teams.
- Consider how future changes to the service will be communicated.
- Consider your communication approach with care homes. It is recommended that a separate briefing is shared with care home providers so they are fully aware of the service specification. This will develop and enhance relationships and provide a mechanism for feedback.

Step 12: Preparation for your urgent community response service

Clinical safety

Ensuring that there are strategic and clinical steering groups set up is key in ensuring deliverables are met.

- Ensure your approach is aligned with the most recent, national guidance.
- Ensure processes are in place to review referrals to the service from 999 / 111.
- Identify a lead responsible for updating the Directory of Service.
- Clarify roles and expectations of stakeholders. It is recommended that key stakeholders should include ICS, ambulance service, NHS 111, emergency health, social care service and blue light partners.
- Agree who / which organisation is clinically responsible for this service.
- Identify elements of shared risk for the service with all stakeholders.
- Communicate clear safety netting advice for response crews, particularly out of hours.

To achieve integration across the system:

- Design and implement an effective governance structure and agreed terms of reference.
- Complete the sustainability matrix with all stakeholders to identify any areas of continued focus and improvement.

▶ [Click here for the Sustainability Model and Guide](#)

- Ensure that the governance framework links into appropriate delivery boards and system governance groups.

Step 13: Preparation for your urgent community response service

Staffing

Understanding the potential numbers that will use your service is key in developing a resilient service. In tandem, understanding staff and skill mix across your system to support the development of services will ensure that your service will meet demand.

- Identify the staffing model you will need to start up / develop your service.
- Explore whether the new staffing model can be cost neutral e.g. use roles / staff already in post.
- Discuss whether you need specialist paramedics / nurses, occupational therapists or a combination of both.
- Understand your staff rota patterns – do they fit the needs of the new service? This approach will ensure capacity meets demand – understanding your data will help deliver this.
- Identify all the training needs for staff delivering the service.
- Identify whether current staff can be developed to meet the needs of the service or do you need to recruit additional staff.
- Identify whether you have access to frailty specialists who can support the service.
- Consider the use of secondment, honorary contract, and rotational posts to deliver the service.
- Consider funding Band 7 specialist paramedic / nurse posts. For ease, access an example Band 7 Trainee Advanced Clinical Practitioner job description and person specification.

▶ [Click here for the Trainee Advanced Clinical Practitioner job description](#)

▶ [Click here for the Specialist Practitioner Paramedic job description](#)

Step 13: Preparation for your urgent community response service

- Consider whether there is scope to integrate / rotate posts across the system / locality / geography. This approach will provide integration and resilience across the system.
- Consider how the staff / service can integrate with social care / voluntary care.
- Identify how social care and the voluntary care sector can best support the service, e.g. follow up calls.
- Consider how social care and voluntary care partners can be supported and trained? Thinking differently about service delivery will provide new opportunities and innovative solutions.
- Consider whether you need additional administrative support to collect data and provide regular audit and urgent community frailty response metric analysis.

Step 14: Preparation for your urgent community response service

Pathway logistics

Understanding all aspects of logistical delivery before launch will ensure that the service is developed on a firm foundation of operational excellence, which will result in delivery of an optimal service.

- Brief all your staff on the new service and any changes to present service delivery. Developing a flow diagram will help communicate the service specification.
- Update the 999 / 111 triage algorithm to signpost call responders. This is key in ensuring that patients are seen at the right time, in the right setting by the right clinical team(s) as well as optimising the use of the service.
- Develop and publish a Standard Operating Procedure (SOP) to support you and your staff to deliver your service. Review the standard operating procedure below.

▶ [Click here for a standard operating procedure](#)

- Negotiate access to support services e.g. reablement services.
- Negotiate access to equipment stores to ensure the service has immediate access to zimmer frames and commodes. Identifying services that the team can link into before launching your service is imperative for optimising patient journeys and experience.
- Ensure onward 'referring pathways', e.g. community services are aware of the service, as may have impact on their capacity.
- Discuss with the team the possibility of onboarding patients to virtual wards as appropriate.
- Consider your approach in signposting patients to additional support and interventions, e.g. nutrition and hydration.

Step 14: Preparation for your urgent community response service

Operational logistics

- Consider the use of video support, e.g. Skype / WhatsApp, GoodSam video call with the patient (consider consent, data security and information governance).
- Plan a trial run to identify any unforeseen practical difficulties before go-live.
- Check wireless connections and identify any internet service stressors.
- Ensure the team has access to a paramedic rapid response bag including defibrillator and ECG.
- Consider providing access to point of care testing panel to include: CG4+, CRP, Troponin, BNP, D-dimer and INR.

▶ [Click here to review emergent research on point of care testing](#)

Step 15: Preparation for your urgent community response service

IT

- Obtain the necessary sign off of the Data Privacy Impact Assessment (DPIA) agreement/s to support any data sharing between the service and other organisations.
- Consider data sharing agreements between teams involved in delivering the service.
- Ensure data sharing agreements with all ambulance and providers are in place.
- Identify and use an IT system that allows you to document, monitor and share patients' symptoms with others. Integration and interoperability is an optimal approach to share and update data real time to deliver patient centred care.
- Identify other IT systems in use within the locality that may support the delivery of the service. Mapping out IT interfaces and data flows will enable issues to be resolved before go-live and will aid service development in the longer term.
- Ensure you have continuous access to ambulance software to collect patient level data. Collection of patient centred data to support national and local data flows is key to ongoing delivery of the service.
- Identify extra digital resources / remote monitoring to support you in delivering your service. Consider exploring and utilising emergent innovations to deliver the most optimal service for your population.
- Develop a mechanism to capture and share Clinical Frailty Score (CFS) information electronically.
- Ensure the CFS is electronically shared with other clinicians / organisations*. If not, do you have plans to?
- Ensure that all ambulance staff are using the same paperwork. This is key to consistency of approach, reducing duplication and increasing efficiency.

[▶ Click here for further information about CFS](#)

***Collection of CFS data will aid the service to understand the number of patients living with frailty within the population. This information is key in service development, providing and ensuring that services are resilient for the future growth in an ageing population. To optimise patient centred care and to support the delivery of the wider Ageing Well agenda, it is imperative plans are accessible, transparent and updated real time. Ensure information is shared back to the patients GP and community partners.**

Step 15: Preparation for your urgent community response service

- Embed the importance of starting a Comprehensive Geriatric Assessment (CGA) within the individuals home. Further information on CGAs can be found below:

▶ [Click here for the Wessex AHSN CGA toolkit](#)

- Put processes in place to review and regularly update CGAs / advanced / anticipatory care planning documents where appropriate.
- Develop a mechanism to flag what matters most to patients and to share with other organisations.
- Develop a process to provide the patient with a copy of their updated care plan, if a digital solution does not exist.

▶ [Click here for the British Geriatrics Society](#)

Step 16: Preparation for your urgent community response service

Training checklist for call handlers

- Ensure they understand the new planned decision pathway for 999 / 111 calls in and out of hours.

Training checklist for specialist paramedics / nurses

- Ensure they understand the new planned decision pathway.
- Ensure they are trained in the use of point of care testing (POCT) equipment.
- Ensure they complete the e-LfH frailty module.

▶ [Click here for the E-Learning frailty programme](#)

Step 16: Preparation for your urgent community response service

Training checklist for the frailty team

- Plan a trial run for the frailty team to experience and understand the environment they will be working in.
- Deliver awareness training on the potential for administering treatments / assessments of patients who have not been assessed in hospital prior to referral.
- Ensure that staff members who are working as part of the integrated team are working towards PGDip / MSc in Advanced Clinical Practice.
- Ensure that staff members have completed the physical assessment and history taking modules as a minimum.
- Ensure they complete the e-LfH frailty module.
- Arrange training in the use of an ECG and defibrillator.
- Ensure they receive manual handling training.
- Arrange advance life support training.

▶ [Click here for the E-Learning frailty programme](#)

Step 17: Sustaining the service

Sustainability

- Complete the sustainability matrix with Commissioners. Complete, review and act upon.

[▶ Click here for the sustainability matrix](#)

- Identify and communicate leadership, governance and plans for ongoing and sustainable delivery? This is important to ensure that as the service develops there is clarity as to who are the clinical, operational and strategic leads.
- Identify the mid to long term plans for funding. Communicate clearly with Commissioners and system partners.
- Consider how risk sharing of the service can be managed longer term across the system.
- Consider how you will continue to evidence value for money (and return on investment where appropriate).
- Consider whether the service is sustainable in and out of hours and identify plans to develop resilience and capacity.
- Determine the ongoing delivery and funding of your service in future commissioning plans. This is to ensure that there is ongoing funding and commissioner oversight of the service.
- Consider how the service links into wider system frailty strategies. An optimal model will integrate and link into wider services. Consider how the model could link in with frailty virtual ward provision and remote monitoring.

Step 17: Sustaining the service

Sharing and learning

- Consider sharing your learning with other local and national collaboratives and networks. Link in with your local AHSNs and regional NHSEI teams to share your experiences and knowledge. This will enable best practice models to be shared, enhanced and will help your service to embed and become sustainable. Other avenues to explore are NHS Futures Platforms / ICS information sharing forums / network and newsletters to system partners.
- Review your service on a regular basis to ensure it is meeting the needs of the patients it is designed to serve. Identification of emergent new innovations and models of care to enhance the service is key for sustainability.
- Identify opportunities for sharing your learning and best practice approaches with other clinical colleagues.
- Identify how you will receive and review patient feedback.
- Identify how you will share feedback to your service.

“This toolkit is a comprehensive framework to ensure quality planning and implementation of an integrated frailty service, which meets the needs of the service user, implementing organisation and stakeholders. This toolkit should be used as a best practice guide for ambulance, primary and secondary care services, when considering the planning and implementation of such models.”

Alison McGinnes, Consultant Nurse for Frailty, Hampshire Hospitals NHS Foundation Trust

