An urgent community frailty response service toolkit:

A review of national best practice approaches for urgent community frailty response services

A national review of best practice models

During March 2021, the project team undertook a rapid review identifying exemplar models that **support non conveyance to hospital for minor injury falls, illness, frailty and for individuals over 65 living within the community and within care homes**.

This review included:
- Extensive analysis of national and local service models
- Utilising information from the Association of Ambulance Chief Executives (AACE) project repository[1]
- Ongoing conversations with local operational and regional NHS England and Improvement teams[2]

This review enabled the project team to identify ingredients for success by:
- Identifying clear system benefits of an urgent community frailty response service
- Describing the service impact on individuals, their families, health and care system

These findings have been summarised at Ambulance falls responses models in the community/care homes

> View the slide deck from NHS England following the recent webinar which provides more examples of approaches from Warrington and East Midlands Ambulance Service
> 100 day UCR challenge and join the conversation on NHS Futures Platform

A local review of South Central Ambulance Service (SCAS) best practice models

As of October 2021, South Central Ambulance service has 3 different rapid response minor injury falls/minor injury services for patients over 65 years across the SCAS geography. Each have their own hours of provision. The aspiration of SCAS is to commission one model of care to improve efficiency, reduce variation and provide equity of service provision across its geography.
As described in **Figure 1**.

[1] https://aace.org.uk/wp-content/uploads/2020/10/AACE-FALLS-RESPONSE-09.2020-V4-HP.pdf
[2] https://www.england.nhs.uk/wp-content/uploads/2020/11/B0252-Urgent-community-response-2-hour-and-2-days-standards-guidance-30-November-2020.pdf

Figure 1: Inequality of service provision

A national review of best practice models: Impact to date

There are many ambulance services UK wide that are already jointly running falls/frailty rapid response services and they are all reporting average non-conveyance rates above **75% and emergent cost savings.**[3]

1. In Berkshire, ambulance conveyance rate to hospital for falls/frailty response pre implementation was **47.6%;** post implementation of the frailty car, **15.6%**
2. East Lancashire as a result of their falls response car **78%** of patients were able to be treated and remain at home.

---

[3] https://aace.org.uk/national-programme/the-ambulance-service-offer-integrated-urgent-and-emergency-care/

3. East Midlands ambulance service has shown reduced demand within their local emergency department and associated admissions. The system has calculated savings of **£377,000 per annum**

Within Dorset:

4. Dorset Integrated Care System started their falls/frailty urgent response car in March 2020 during Covid-19. During the first 10 weeks they achieved a **95.7%** non-conveyance rate to their emergency department. This was achieved by a central hub reviewing category 3 and 4 999 calls. The pilot finished in December 2020. A proof of concept is now being trialed within Dorset Healthcare led by Amy Hassan to scale up the UCR offer across Dorset.[4]

As part of developing a patient centric, best practice toolkit a number of service models were reviewed by Craig Barlow – Operations and Engagement Manager (Primary and Urgent Integrated Care), AHP Council Paramedic Representative, South Central Ambulance Service, and Ali McGinnes – Consultant Nurse for Frailty, Hampshire Hospitals Foundation Trust. **Figure 2** summarises the service model comparison as of December 2021.

Figure 2: Comparison of models

SCAS Geography	Model Description	Success	Area for improvement	Opportunities	Challenges
Oxford (2018)	An enhanced community service was commissioned to assess, treat and signpost individuals over 65 who fall in Oxford as part of the Oxfordshire model of delivery., but had a limited service and was only provided during winter 2018. Funding did not continue	• Evidence of reduced ED conveyances – 85% remained at home • Reduced system pressures • Improvement in integrated working • Increased confidence both staff and patients following a fall	• Service only provided and resourced during Winter 2018 • Service only provided 7 am-3pm, extended hours preferable	• Building on model to ensure service offers value for money • Further integration with community services to ensure responsiveness • Review of rotation of roles to enhance service and extension of hours	• Community based falls services unsustainable as services are not provided outside of the standard working hours • Service closed at 4pm, so last call 2pm, resulting in limited provision out of hours
Buckingha-mshire (2018)	An enhanced community service to assess, treat and signpost individuals over 65 who fall in Buckinghamshire was commissioned in 2018. The service was provided by a specialist paramedic/nurse, physiotherapist or occupational therapist. This model is similar to Oxford. Funding continues.	• 92% of patients remained at home • Reduced system pressures in emergency department • Improvement in integrated working • Increased number of patients seen at home • Increased confidence for individuals following a fall • Good links into referral processes across system	• Service only provided and resourced during Winter, 5 days week • Service only provided 7am-3pm, extended hours preferable	• Building on model to ensure service offers value for money • Further integration with community services to ensure responsiveness • Review of rotation of roles across settings and extension of hours	• Community based falls services unsustainable as services cannot be provided outside of the standard working hours • Service available 07:00-19:00 • Falls happen first thing in morning and evening - community services close at 4, so last call 2pm, resulting in limited provision out of hours to local population • Impact on wider system not as easily identified in terms of released bed days and cost savings • Service only provided 7am-3pm, extended hours preferable

---

[4] https://twitter.com/dorsetucr

Figure 2: Comparison of models (continued)

SCAS Geography	Model Description	Success	Area for improvement	Opportunities	Challenges
Berkshire, Oxfordshire and Buckingham-shire (2019)	An MDT service lead by local acute organisation, for over 65s 7 days a week 07:00 – 19:00	• 170 seen via 999 • 22 seen via 111 • 109 treated/discharge on scene • 20 onward community referrals/3 referrals to the GP • 4 referrals to the Falls Clinic 11 referrals to Rapid Access Clinic for Older People • 3 transferred to a Community Hospital 22 transferred to hospital immediately	• 71% of patients remained at home, 47% pre-intervention, identified room for further improvement	• Further integration with local system could be possible	• Small pool of staff; unable to rotate across other teams • 48 patients transferred to hospital with delay i.e. on a 2 hour pick up
Mid and North Hampshire (2019)	UCR consisting of multi disciplinary professionals with varying skill sets. The ACP in team, provides a 2 hour response to prevent an emergency admissions and support individuals at risk of escalating of health needs 7 days a week, 8 am-8pm. Supporting individuals up to 2 weeks post contact	• Fully commissioned service across Mid and North Hampshire division • Clinician to clinician referral (no paperwork involved; building relationship and trusts • Frontline SCAS practitioners	• More alignment with Older Person Mental Health services (in progress)	• Model is exemplary, opportunites for national uptake of model	• Ensuring all frontline practitioner SCAS are aware of services • Once capacity is full for the day, team unable to take more patients

For further information on the Oxford 2018 model, visit their <u>summary poster</u>

Figure 3 describes the service that Hampshire Hospitals NHS Foundation Trust piloted and are now presently delivering. The service has built on the experiences from other SCAS services, distilling learning from the North and Mid Hampshire and Southern Health model described **Figure 2.**

Figure 3: A best practice approach across Hampshire

SCAS Geography	Model Description	Success	Area for improvement	Opportunities	Challenges
Mid and North Hampshire (2019 and ongoing)	Urgent Community Response car – works with rapid falls response service. Prevents admissions of falls or patients with frailty who require an urgent community response that require a conveyance to the emergency department 7 days a week, 8 am – 8pm. Supporting individuals up to 2 weeks post contact	• Fully commissioned service across Mid and North Hampshire division	• More alignment with Older Persons Mental Health services (in progress)	• Model is exemplary, opportunites for national uptake of model	• Different models across SCAS and awareness of service • Staffing of model longer term

Further information of the model described in Figure 3, please view the Project charter and PDSA review

For futher tools in developing an urgent community frailty response service within your locality, please visit https://wessexahsn.org.uk/projects/437/urgent-community-frailty-response-service-toolkit to access downloadable resources and checklists.