

# An urgent community frailty response service toolkit:

## A review of local best practice



## The development of Hampshire Hospitals (HHFT) NHS Foundation Trust urgent community frailty response Service

### What is unique about the service?

The model is unique in its approach, as it has distilled learning from other ambulance services models locally, regionally and nationally, running a pilot and continually reviewing data to assess impact on the system. It pulled together all the key aspects of other service models delivered across the SCAS but through the lens of frailty<sup>1</sup>.

- A specialist paramedic/nurse and occupational therapist, who responds to 999/111 calls or directly from SCAS crews already on scene provides a holistic frailty approach to care.

*“We know that our older population, where possible, want to be treated at home, so we designed a service where we **integrated emergency, health and social care services** together, providing a **one-stop assessment** for patients and acting as one NHS team.*

*It’s really rewarding to see this service make a real difference to our local community, and feedback from patients and their families has been overwhelmingly positive that they can stay and be supported at home. It is important to us to make sure our patients are at ease and are cared for in the **best place for their needs.**”*

**Alison McGinnes, Frailty Consultant Nurse, Hampshire Hospitals Foundation Trust**

### What does the service provide?

- An **integrated frailty and falls rapid** response service model
  - “The frailty car” was piloted for 12 weeks across North and Mid Hampshire, by Hampshire Hospitals NHS Foundation Trust (HHFT) and South Central Ambulance Service (SCAS) in late 2020/early 2021.
  - The service continues to be provided from 08:00 – 18:00hrs 7 days a week (excluding Christmas Day and Bank Holidays) for individuals living within the North and Mid Hampshire locality.
- Calls allocated by;
  - Self-dispatch with iNET viewer (a SCAS specific system)
  - Clinical Co-ordination Centre (CCC) dispatch or via crew referrals.

<sup>1</sup> Refer to Part 1a of the toolkit: **A review of national best practice approaches for urgent community frailty response services**

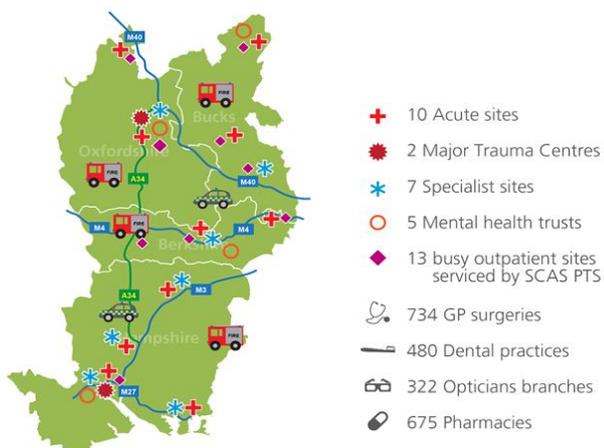
## What next for the service?

The aspiration is to scale up this approach across the whole SCAS geography. **(Figure 1)**. Conversations with the local ICSs in progress to ensure optimal funding and engagement.

*Figure 1: Geographical context of South Central Ambulance Service*

South Central Ambulance<sup>2</sup> was formed in 2006 and covers:

- 4 counties
- 10 acute sites
- 2 major trauma centres and in 2020/21 provided the following:



**Figure 2,3,4 and 5** describes the urgent community frailty response service delivered to North and Mid Hampshire and success to date.

For further tools in developing a similar service within your locality, please visit

<https://wessexahsn.org.uk/projects/437/urgent-community-frailty-response-service-toolkit> to access downloadable resources and checklists.

<sup>2</sup> <https://www.scas.nhs.uk/wp-content/uploads/SCAS-ANNUAL-REPORT-AND-ACCOUNTS-2019-20-FINAL-SUBMITTED-VERSION.pdf>

Figure 2: How the service works



2.0 wte Band 7 advanced occupational therapist (already employed by system) attends low level 999 calls with a specialist paramedic /Nurse cover a population of 570,000 (Mid and North Hampshire PCN population)(2)



The vehicle is fully kitted to front-line ambulance response car specification and has 'blue light' capacity



The vehicle carries adaptive equipment to support and facilitate therapeutic interventions/assessments

**Target patient cohort:**

- 65 years and over
- Patient living in the community/care home
- Fall with no major injury/minor illness
- Not coping/social concerns
- Unable to weight bear
- Reduced mobility
- New incontinence
- New onset of confusion

Figure 3: Why is the service so important for older people?



Individuals over 65 living in the community or within a care home setting are not always dealt with in the most appropriate way, resulting in lengthy hospital admissions and deconditioning, hospital induced disability and increased risk of social isolation on discharge



Between September 2019 and April 2020, there were over 67,000 calls relating to minor injury falls/frailty across the SCAS geography (3)



An average of 4% of calls to SCAS were 65 years of age and had fallen\*



Falls are a key factor in older people moving into long term nursing or residential care



Falls are the most common cause of death from injury in the over 65s

\*SCAS Fall figures for >65 years 2018-2021, does not include unclassified calls

*"The paramedic and occupational therapist supported my husband, I really thought he would have to go into hospital because I wasn't coping but they put care and equipment in so he could stay at home."*

Carer

Figure 4: Outcomes from South Central Ambulance Service and Hampshire Hospitals NHS Foundation Trust pilot 2020/21 <sup>(i)</sup>



Reduced acute provider demand, through early patient intervention for those coded as a non-injury fall or concern for welfare



89% of the patients seen were not conveyed to ED during the pilot



A potential 6,208 bed days released over a 12 month period (17 beds/day released)



Average time from 999/111 call to patient assessment is 33 minutes\*



Wrapping service design and development around the patient to deliver a proactive rather than reactive service e.g. links to podiatry, completion of anticipatory care planning



Promotion of independent living



High patient and carer satisfaction



Interfaced health and social care assessment and improved access to community pathways e.g. emergency care home placements, discharge to assess beds, community re-ablement and urgent community response



On scene on average 56 minutes dependent on needs of patient (compared to over 2 hours)



Average travel response time is 34 minutes



Average administration time for each patient is 28 minutes



Average time per patient is 1 hour 58 minutes



Average age of patient is 83 years old



Average Rockwood Clinical Frailty Score 6 (Moderately frail – requiring help with all ADLs)

Figure 5: The impact of the urgent community frailty response: Staff and organisational feedback

*“The work undertaken by the frailty team in Hampshire Hospitals Foundation Trust in the frailty and falls car in the pilot demonstrated the **need** for this service in North Hampshire. As the service fits under the Urgent Community Response (UCR) umbrella we **integrated** with the **frailty team** and continued to develop the pilot. **The UCR North team have continued to provide a specialist frailty practitioner and, in some cases, an Advanced Clinical Practitioner.** We have utilised **all staffing groups** including **nurses, occupational therapists and physiotherapists** to continue working in the car. The second phase has been **integrating and setting up a rotational post** so staff within the UCR team and the frailty team, work in all three settings, with the frailty team in ED, with the UCR team responding to the **2 hours crisis response**, and within the fall’s car. This integration **enables all staff to benefit from gaining more community experience, gaining pre-hospital assessment skills, working with different agencies and understanding the patient journey.** The team in the hospital also **benefit from working with community staff who may challenge their ideas of who is suitable for an early supported discharge and what level of care can be provided by these specialist services in the community.**”*

*The front door frailty team report that knowing and working with the people that will be taking over the monitoring and care of patients living with **frailty** increases their confidence to **avoid an admission or support an earlier discharge.***

*Working with **the paramedics on the car and educating and seeing first-hand what can be provided in the community, gives them the knowledge that the UCR team can support patients at home that they might otherwise convey.**”*

**Naomi Purdie, Urgent Community Response (North Hampshire), Consultant Nurse for Frailty**

*“The service had a very positive impact on our service users, frontline crews, and Specialist Practitioners who work alongside their frailty colleagues on the vehicle. Getting the right care to our patients and enabling them to be supported in their own homes in the community has such a positive effect on their lives.”*

**John Ayling, Business Change Manager, South Central Ambulance Service NHS Foundation Trust**

*“I’m so proud of what our Frailty Team at Hampshire Hospitals Foundation Trust have achieved alongside our partners from South Central Ambulance and Southern Health. By working together, we are **providing the very best care for our local population**, and I am looking forward to seeing where this project goes next!”*

**Alex Whitfield, Chief Executive Officer Hampshire Hospital Foundation Trust**