Association of Ambulance Chief Executives

Urgent Community Frailty Response Service – a South Central Ambulance, Hampshire Hospital Foundation Trust and Community perspective

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Consultant Nurse For Frailty
Wessex AHSN
17th June 2022
## Our community

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<th><strong>Pre-hospital</strong></th>
<th><strong>Urgent / Emergency Care</strong></th>
<th><strong>Comprehensive Assessment</strong></th>
<th><strong>Inpatient</strong></th>
<th><strong>Discharge</strong></th>
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<td>Frailty hubs, 2 hour response (UCR), Clinical communications centre &amp; frailty car</td>
<td>30 minutes - Identify frailty and stream</td>
<td>1.5 hours - Frailty Ax commenced 4 hours - Decision to admit/discharge</td>
<td>Streamed according to medical need</td>
<td>Discharge to assess principles</td>
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### North & Mid Hampshire

- Population of approx. 570,000
- Expected to grow by 11% by 2023 with largest increase forecast in the Over 75s
Our Patient Journey

**Pre-hospital**
- Frailty hubs, 2 hour response (UCR), Clinical communications centre & frailty car

**Urgent / Emergency Care**
- 30 minutes - Identify frailty and stream

**Comprehensive Assessment**
- 1.5 hours - Frailty Ax commenced
- 4 hours - Decision to admit/discharge

**Inpatient**
- Streamed according to medical need

**Discharge**
- Discharge to assess principles

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**North & Mid Hampshire**
- Red Cross
- Community Reablement team
- Social Services
- Hampshire Equipment Store

**South Central Ambulance Service pilot area**
- Rapid older person access clinics
- Same Day Emergency Care
- Frailty Team hospital
- Community beds
- Frailty Virtual ward
- Frailty hubs/proactive nurses @PCN level
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, Consultant Nurse for Frailty, Hampshire Hospitals NHS Foundation Trust
The development of the urgent community frailty response service with South Central Ambulance Service

What is unique about the service development?

- Distilled learning from other ambulance services models *locally*, regionally and *nationally*

- Team ran a pilot, using *QI methodology* to continually reviewing data to assess impact on the system. *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.

- Pulled together all the key aspects of other service models delivered across the SCAS geography but through the lens of frailty.

- Collaboration with ambulance service and acute and community trusts to develop an *optimal approach*
What does the service deliver?

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

• Calls allocated by;
  • Self-dispatch with iNET viewer
  • Clinical Co-ordination Centre (CCC) dispatch or via crew referrals.

• The service provides an integrated frailty and falls rapid response service model

• The service continues to be provided from 08:00 – 18:00hrs 7 days a week (excluding Christmas Day) for individuals living within the North and Mid Hampshire locality.
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
# Patient case study

## Background
1. Ron 78 year old
2. Had fallen from his bed @ 0900am
3. Lives alone with a new QDS POC
4. Recent palliative cancer diagnosis
5. Has a new catheter in place
6. Recent discharge from hospital

## Joint Holistic Joint Assessment:
1. Low mood
2. High falls risk /Fear of falling
3. New equipment not right for the patient
4. Unable to function around home
5. Carer was struggling

## Intervention:
1. Air mattress removed and appropriate replacement ordered
2. Falls sensor arranged
3. Contacted social care to discuss patient future care needs
4. Referral to community OT for further ongoing equipment review
5. Trained carer and family in use of current equipment in place
6. DN team arranged for support
7. GP organised to visit to review RESPECT form that day

## Patient Feedback
“I’m so glad I didn’t have to go back to hospital again”
Staff feedback

“Our front line crews had fed back how beneficial it has been to directly refer to the frailty and falls vehicle for timely response. The key benefit for our specialist practitioners is being able to work along side colleagues, taking a multidisciplinary approach to care, which has increased our own knowledge and skills, which has then been transferred to our other roles within SCAS.”
Outcomes from the service

- 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 bed/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.
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Urgent Community Frailty Response Service – a toolkit

Cheryl Davies
Senior Programme Manager – Healthy Ageing
Wessex AHSN
17th June 2022
Sharing best practice, scaling up and spread of approach

Late 2020 to April 2022 Collaboration with Wessex AHSN Network to develop a toolkit to implement a best practice approach

Distilling experiences and learning from:
- South Central Ambulance Service, the operational paramedic leads and consultant nurse frailty at Hampshire Hospitals Foundation Trust
- North and Mid Hampshire Primary Care Network

Development of an urgent community frailty response service across a system or locality and is recommended for review by:
- Strategic leads within ICS and CCGs
- Strategic leads and lead clinicians in ambulance/urgent community response service providers e.g. integrated frailty services

The toolkit aims to:
- Standardise an urgent community frailty response approach
- Provide example of best practice approaches
- Provide strategic and operational tools to help develop services by collating resources into one easy, accessible resource
- Provide real life insight and lessons learnt for SCAS’ pilot, distilled into best practice checklists.
Supporting providers and commissioners in implementing a best practice approach
How to use the interactive tools

- Step by step guides navigable via links
- Ability to check off progress and download a local copy
- Links to best practice examples and templates on AHSN website
- Downloadable resources and templates for local use to aid discussions
“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
What we learnt

### Urgent Community Frailty Response Service: ingredients for success

<table>
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<th>Data</th>
<th>Integration and pathway development</th>
<th>Relationships</th>
<th>Funding</th>
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| • Utilise population health management data to help understand system needs  
• Process map current service provision to identify opportunities and barriers | • 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 | • 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 | • 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

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![Diagram](image-url)
The service model developed provides a truly integrated system approach:

- Reduces silo’d working
- Enables and empowers staff to provide truly holistic approach
- Improves staff morale across all settings
- Supports delivery of the Long Term plan and national emergency care agenda
- The toolkit provides an easy to use scalable approach for systems to consider

Consideration of approach as a commissioning blueprint across whole SCAS geography and wider?

Further spread and adoption activities via local, regional and national for a to raise awareness of the toolkit, capturing case studies and feedback?