



## Standard Operating Procedure: Falls and Frailty Project (F&F) – North Hampshire CCG

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<b>Service</b>	Falls and Frailty (F&F)
<b>Partnership Organisation</b>	North Hampshire CCG
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<b>Version</b>	2

### Introduction

South Central Ambulance Service (SCAS) NHS Foundation Trust is working in a collaborative partnership with Hampshire Hospitals NHS Foundation trust to deliver a Falls and Frailty service across the North and Mid Hampshire CCG areas. The aim of this service is to help address some of the pressures the local receiving Emergency Departments face. The service will enable us to provide a dedicated team to respond to falling patients over the age of 65 within their own homes, to allow rapid assessment of patients, mobilise out of hospital care and prevent admissions where possible.

During the time the service operates we will provide a Specialist Practitioner\* (nurse/paramedic); they will remain employees of SCAS and therefore all governance, indemnity and first line management will lie directly with SCAS.

Our priorities for the service will be:

- Ensuring patient safety and quality of care
- Enhancing the experience of care for patients and their carers
- Providing a supportive service to reduce hospital admission
- To prevent a long lie/falls prevention
- Early mobilisation, functional assessment and identification of needs.
- Admission avoidance

### The F&F Practitioner

For simplicity, the clinicians delivering the service will be known as ‘Specialist Practitioner – urgent care’ (SP) and will be provided with identification to this effect.

### The Service Provision

The service will be provided from 08:00 – 18:00hrs Monday to Sunday (Excluding Christmas Day). It is expected that the primary function of the SPs will be to undertake calls within the North Hants dispatch area. Calls will be allocated by; self-dispatch with iNET viewer, CCC dispatch or the UCD via crew referrals.

The SP will be based from Basingstoke South R/C for the start of their shift and crew with the Occupational Therapist (OT) at 0800. At the beginning of each shift the SP will log onto the hand held NMA MDT and radio. The SP and OT will be responsible for managing their own list/workload – this includes regularly viewing iNET viewer and contacting the UCD for referrals.



**The telephone contact numbers for the SP and OT:**

SP	Number
Specialist Paramedic F&F mobile	
Occupational Therapist Mobile	

**Important contact numbers:**

Name	Role	Number

**IT and equipment**

Each SP will have the following IT equipment

- Mobile phone and in car chargers

Please ensure that all equipment is switched off after each shift, with the laptops left on charge to be ready for the next day.

**Full inclusion/exclusion:**

Inclusion	Exclusion
> 65 years of age Fall; with no major injury acopia/social concerns	Acute chest pain / Suspected MI Suspected TIA / Stroke Severe abdominal pain
<b>Secondary Criteria</b> At risk of hospital admission or repeat admissions Experiencing recent functional Decline Unexplained weight loss Presenting with one or more frailty syndrome: Falls or reduced mobility, confusion (existing or new) depression or new incontinence.	Acute SOB with hypoxia Suspected Pulmonary Embolism / DVT Suspected Intra-cranial haemorrhage Major trauma Medially unwell > news more the 5.

**Record keeping**

The Occupational Therapist will record their assessment on EPR and complete the ongoing therapy and social care need referrals. The SCAS clinician is to complete the EPR or written paperwork of the presenting condition and medical presentation, and close in the normal format.

**Falls Referrals**



SCAS EPR auto generates a falls referral to be sent to the relevant team. If the SP/OT at scene do not feel that a referral is required the SP is annotate (in capitals) on the EPR in either the 'Examination', 'Plan', or 'Impression' tab; "DEALT WITH BY F&F, REFERRAL NOT REQUIRED".

### Email use

In the event that information is required to be communicated via email to the usual practice or another service, practitioners are provided with an nhs.net account. Only an nhs.net mail account should be used for Patient identifiable correspondence on the encrypted device provided.

### Useful numbers:


### End of the shift

At the end of the shift, please make sure that all equipment, laptops, and vehicles are restocked, cleaned, safe and secure (as per current SCAS policies). Please make sure that all equipment/vehicles are in full working order for the next shift; any faulty items should be reported via Operational Support Desk (OSD) on 0300 1239 802. Vehicle keys should be kept secure within the Basingstoke South R/C.

### Rest and comfort breaks

SP are responsible for managing their own breaks accordingly. These facilities should remain clean and tidy at all times; this includes washing up dirty utensils/cups after use.

### Security of the Practitioner

Each Practitioner will be required to read and understand the SCAS 'Lone Worker Policy', which is available via the intranet. Risk assessments will be put in place to eliminate risks where possible. The SP must regularly undertake dynamic risk assessments in every aspect of their role and liaise directly with the Duty coordinator or the Operations Management Team, if the risk assessment requires updating. The management team will review any risk assessments on a regular basis.

The SP will wear a SCAS identification badge, showing their name, title and should be worn at all times.

### Professional indemnity

Professional indemnity for SPs is provided by SCAS as part of their employment. SPs are not permitted to work outside of their scope of practice or competency, in any way.

### Travel and expenses

The Specialist Practitioners will have use of a SCAS vehicle with insurance included for work purposes, the fuel expenses are being managed via SCAS.

Please note that you should not transport patients in the F&F vehicle. Transport should be arranged with the ambulance service or other appropriate transport services, based on patient need.

### Time Management



The SP is responsible for managing their time effectively and where possible consideration about the locations of visits should be made to prevent time waste. The SP is responsible for managing and coordinating their own rest breaks.

Liaison with the Operations Management team with regard to workload should be on a regular basis so that workload can be monitored and altered where necessary.

### **Significant Events Analysis**

It is each individual's responsibility to record the full details of the significant event as it occurs; clinical incidents should be reported by the SP using the local process, of the host agency they are working for. If the provider has concerns which they feel SCAS need to be aware of, they can refer through the Health Care Professional Feedback process.

Any investigations will be carried out by the host agency and support offered by SCAS to conduct the event, as required.

### **Information security or Information Governance**

All laptops, if required and supplied should have an access code on the front which must not be shared. SPs will be assigned individual computer accounts as appropriate and these should not be shared with any other practitioner.

### **Policies & Procedures**

SPs are reminded that whilst participating in collaborative working partnerships they remain employees of SCAS and should therefore comply and work within all SCAS directives, policies and procedures. This includes working within their clinical scope of practice, as defined by individual job descriptions/roles.

All SCAS directives, policies and procedures are accessible within the SCAS intranet.

