

Background

The national definition of a Frequent Caller is anyone over the age of 18 who calls for an emergency ambulance 5 times in one month or 12 times in 3 consecutive months.

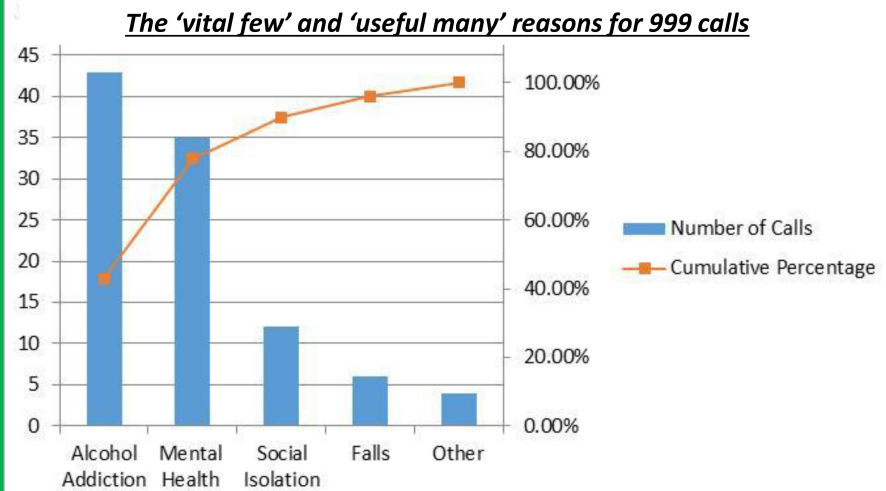
We engage directly with these individuals and, with their consent, make onward referrals to both statutory and voluntary organisations to ensure that their health & social care needs are being met by the most appropriate care provider.

Whilst this service is very effective, it can often be time intensive and the patient's situation can worsen by the time they are flagged as a Frequent Caller.

By intervening (via letter) with Potential Frequent Callers who have not yet met the national criteria, we hope to:

- Enable these patients to get the help and support they require.
- Help ensure that ambulances are free to attend the most serious emergencies in the community.
- Free up capacity in local Emergency Departments.

The Pareto chart and driver diagram on the right show the 'vital few' & 'useful many' reasons that service users frequently call 999, our aim for this improvement project and change ideas of how we can best achieve this.



Measures

Outcome measures:

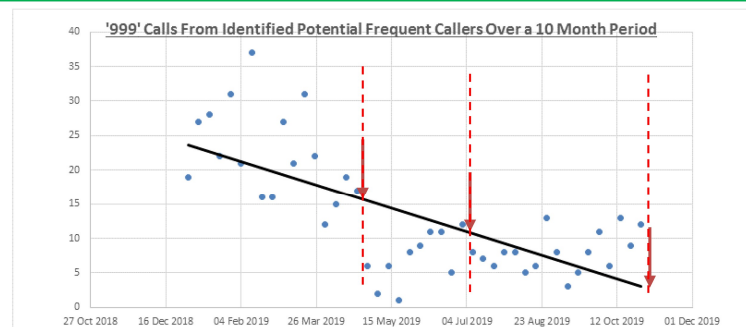
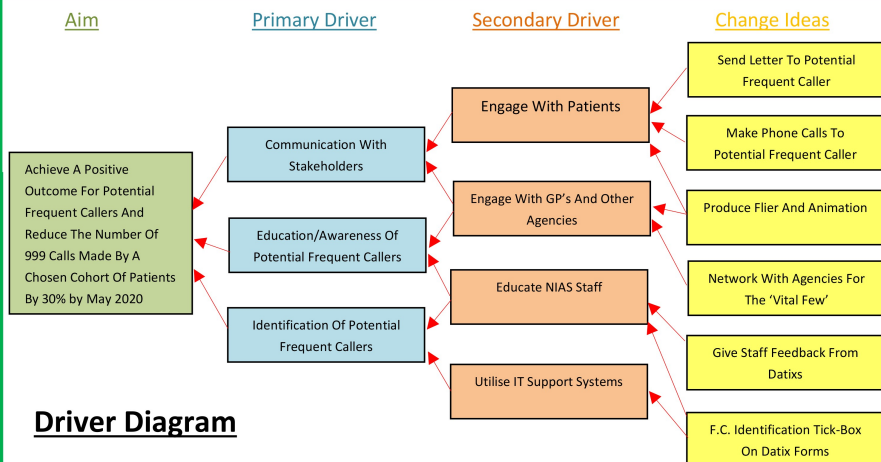
Reduce the number of 999 calls made by identified frequent callers.

Process measures:

Engaging with patients, their GPs, the local health Trust and other services (Police, Community and Voluntary Sector).

Balancing measures:

Have we put any further strain on any other parts of the healthcare system?



Our intervention dates, when the letters were sent out, have been highlighted by the red arrows. 3 dates, 3 different cohorts of callers. Letter 1 was sent out in April, Letter 2 was sent out in July. Letter 3 was sent in November after a PDSA cycle, during which we reviewed and improved the contents and format of our letter.

Achievements

After the April and July letters were sent out, you can see a distinct drop in the number of calls being made followed by a gradual increase again in the weeks that follow.

As our graph shows, we have been successful in achieving our outcome measures in that by sending letters to Potential Frequent Callers there has been a reduction in the number of calls being made to the ambulance service.

Challenges

Some recipients of the letter went on to meet the threshold for management as a Frequent Caller. We also received a small number of complaints from recipients who were upset and/or angry. Often a discussion with the person was enough to ease any concerns they had.

Then COVID 19 arrived...

During the COVID 19 crisis, the specific work on our project was stopped. We stepped away from the Frequent Caller work for a period of time as we were redeployed to other duties. What we found was a sudden increase in Potential Frequent Callers & newly identified Frequent Callers (86 in March and 75 in April to be added to a list of over 300 current Frequent Callers) who were only making calls to NIAS during the worst of the COVID Pandemic. To distinguish these callers, we refer to them as 'COVID Callers'. We sent a newly drafted letter to each of these COVID Callers and immediately noted a reduction in their call volume. We attributed heightened anxiety, a reduction in health and social care services and a breakdown in peoples support & coping mechanisms as a potential reason for this sudden spike in new callers during the COVID 19 crisis.

With some of the newly identified Covid Callers becoming Frequent Callers & Potential Frequent Callers, any data that we collect following the pandemic is likely to show a spike in activity during the months of March and April. As such, the downward trend in calls that we were seeing following our Potential Frequent Caller letter being sent out is likely to be lost in an unexpected spike. If not for COVID 19, we would have continued in our process of identifying Potential Frequent Callers, sending out letters and reviewing our systems using the PDSA model. After the letters had been sent out, we had planned to engage service users for feedback.

Conclusion

The data from our Project has shown that a standardised and quality assured process of identifying potential frequent callers, sending out a letter and following up with a