

Delivering Healthy Ambitions Better for Less



Overview.

Management of 999 frequent callers can reduce costs, free up clinical resources and improve the quality of patient care.

Why?

Frequent callers currently cost the health system in Yorkshire and the Humber over £11m per year. Partnership working between the PCT and ambulance service can dramatically reduce the costs associated with responding to patients who frequently access the 999 service when a community service would be more appropriate.

Managing frequent callers can deliver improvements to their quality of care, helping to address underlying issues, reduce service pressures and deliver significant system-wide savings.

Healthy Ambitions identified the need to reduce the pressure from rising A&E attendances. Our clinicians suggested that alternatives to admission should be actively explored to ensure these patients receive appropriate assistance.

What is the challenge?

Some patients repeatedly access 999 services, often when an alternative care pathway would be more appropriate. These patients often have complex health and social care needs which if unmanaged will often result in an unnecessary transportation to A&E. The average cost of each 999 emergency ambulance journey is £249 plus an A&E attendance tariff of £59 to £117 incurred by the PCT.

The challenge is to secure significant savings and quality improvements by reducing the number of inappropriate ambulance calls and journeys, unnecessary A&E attendances and hospital admissions.

How could we provide better care for less?

Joint PCT and ambulance service working to identify frequent callers and put a case management process in place including establishing care plans for particular patients or care homes requiring support.

Yorkshire Ambulance Service provides PCTs with a report on their top ten frequent individual callers and care home callers on a monthly basis. This report details patient identifiable information wherever possible, with chief complaint for 999 call and destination where applicable. This information can be used to differentiate between unstable patients frequently in need of emergency care and frequent callers who would benefit from accessing an alternative pathway.

PCTs can, via the patient's primary care provider, establish a care plan for appropriately managing individuals on a case by case basis. This plan might include referral to the community matron team or social care support, arranging care planning for long term conditions or referral for support to address mental health, addiction or other problems.

Feedback on action taken is then shared on a monthly teleconference between ambulance service and PCT. This can be used to assess the efficacy of the case management arrangements.

The Model

- 1) Patient calls 999 more than 15 times in 6 months. Ambulance clinicians attending recognise the patient requires alternative pathway to admission
- 2) The ambulance service provide PCT with data on frequent local callers. This data allows differentiation between unstable patients frequently in need of emergency care and frequent callers who would benefit from accessing an alternative pathway
- 3) The PCT instigates an active case management approach for individual patients via their primary care provider
- 4) Ambulance service and PCT share feedback. If patients present in urgent setting with pre-determined symptoms they can be diverted to an alternative pathway

Patient benefits

Reduction in ambulance calls, journeys, A&E attendances and hospital admissions. Underlying issues are addressed. Care plans are formulated promptly by the PCTs who then communicate them to the patient and YAS to ensure appropriate action is taken

Quality benefits

Case management of frequent callers enables the urgent care system to respond in a more timely manner to life threatening emergencies and enables patients to receive appropriate care closer to home.

Patients receive a better quality of care that addresses real underlying problems (e.g. LTC management, mental health issue, alcohol problem) which in turn reduces pressure on urgent care system.

Quality benefits are felt by both frequent callers and other users of the urgent care system.

Financial benefits

Frequent callers cost the NHS in our region over £11m or almost £800,000 per PCT. Reducing these calls by 50% would save the average PCT approx. £400,000.

Significant benefits are accrued in reduced ambulance journeys (averaging £249 per journey), A+E attendances (£59-£117 tariff per visit) and hospital admissions (estimated minimum cost approx £400 per 24 hours).

Costs associated with the case management approach are minimal and in areas applying this approach they have been absorbed within existing PCT and community team resources.

Evidence from Kirklees suggests that this case management approach can result in a 60% reduction in admissions from those being managed with a 20% reduction in the total number of bed days. The table indicates the costs of frequent callers in each PCT area and the scale of potential savings achievable through implementing a case management approach.

Fig. 1
Numbers of frequent callers and potential savings

PCT	Estimated total cost of frequent callers	Financial impact of % reduction in calls	
		30%	50%
Barnsley	£1,009,052	£302,716	£504,526
Bradford	£793,358	£238,007	£396,679
Calderdale	£504,278	£151,283	£252,139
Doncaster	£866,248	£259,874	£433,124
East Riding	£1,017,482	£305,244	£508,741
Hull	£966,409	£289,923	£483,205
Kirklees	£817,655	£245,296	£408,827
Leeds	£1,365,072	£409,521	£682,536
N. Yorkshire	£596,010	£178,803	£298,005
Rotherham	£952,525	£285,758	£476,263
Sheffield	£1,320,941	£396,282	£660,471
Wakefield	£826,580	£247,974	£413,290
All PCTs	£11,035,609	£3,310,683	£5,517,805

What needs to happen?

- PCT to identify a lead to work with ambulance service frequent callers, putting arrangements in place with YAS to receive and use data
- PCT instigates an active case management approach for individual patients via their primary care providers
- PCT and ambulance service set up regular feedback sessions to monitor progress and refine approach

Case Study – Kirklees

The Kirklees health community have successfully applied a proactive approach to addressing the most frequent ambulance callers in their area.

The Kirklees approach includes close liaison with the Community Matron team. They develop an emergency care plan approach for each patient, adding frequent callers to the Community Matron caseload if appropriate, or referring them to other services (e.g. falls team, alcohol intervention team, MH pathway, social care).

The Community Matrons also work with frequent caller care homes to educate staff in alternatives to a 999 call and helping to address any underlying problems.

The Kirklees approach

1. The Community Matron team reviews YAS frequent caller list and devises more appropriate pathways for patients on a case by case basis.
2. The team have developed an emergency care plan for some frequent callers. This plan is visible, recognisable and accessible for ambulance clinicians and other health care professionals attending a patient managed by a Community Matron. This gives important information that may result in a patient not being transported to A&E.
3. Community Matrons organise awareness sessions with ambulance service staff including development of a referral process for ambulance clinicians to refer patients directly to Community Matrons.
4. Work with YAS Frequent Caller Case Manager to ensure frequent caller information can be updated and available to YAS, PCT and A&E staff.

Work is also undertaken with frequent caller care homes to understand the issues that exist and advise on alternative pathways.

Pilot work in Kirklees is looking at the benefit of installing telemedicine units in frequent caller care homes to help monitor blood pressure, pulse and oxygen saturations remotely. It is hoped this may be particularly effective in reducing emergency calls and admissions out of hours when care home staff skills and confidence can be more limited.

As a result of implementing this approach Kirklees have seen a 70% reduction in the number of A&E attendances from their target group, all of whom were previously very heavy users of both ambulance and A&E services.

The system-wide benefits in Kirklees include better quality care for patients, addressing underlying issues, reduced pressure on urgent care systems, a freeing up of resources and a bottom line financial benefit.

Key contacts

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Kirklees case study

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