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Email:

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Dear,

I am writing in response to your enquiry under the Freedom of Information Act 2000 (FOIA) reference FOI 210610.

You requested the following information, please also see our response below:

Under the Freedom of Information Act, I would like to request a 5 year breakdown of

- The number of frequent callers you've had each year
- How many calls have been made each year by the frequent callers

	Total number of identified FCs ¹	Total of new FCs in the year ²	Total number of calls received ³
2016/17	Data not available	Data not available	35063
2017/18	Data not available	Data not available	39934
2018/19	5255	2471	32958
2019/2020	5481	1951	35277
2020/21	5601	2394	35020

¹ The total number of identified FCs will include patients that appear multiple times across the year on our monthly reports

² This column totals how many new FCs were identified that didn't appear again on the reports over the year

³ These totals are only calculated on calls which code as a *response* or *hear and treat*

In these statistics, if somebody is calling on behalf of the frequent caller, are these classed as a call from the frequent caller?

For example, if someone with health issues calls the ambulance service on average twice per week but you also get on average one call per week from a concerned friend/family member, do you class that as two calls or three calls per week?

Yes these are included in our frequent caller report as the reports are address/location driven, the only exception is those where the caller is a health care professional. However, the frequent caller team (FCT) do review on a monthly basis who the originator of the call is and take this into consideration when deciding whether to accept a patient for management.

I would also like to know, for each of those five years, how many people have been given a criminal behaviour order, prosecuted or any other criminal course of action due to their frequent calling?

Please see table below

	Prison	CBO	CPN	CPW	Injunction	Community Order	PND (Penalty Notice)	Community Resolution	Behaviour Letter
2016/17	Data not available								
2017/18		<10							
2018/19		<10		<10					
2019/2020		<10	<10	<10		<10		<10	<10
2020/21	<10	<10			<10	<10	<10		
2021/22	<10	<10							

Please note that for figures that are less than 10 we are unable to provide the exact number as it may be identifiable to individuals.

I would lastly like to ask what your policy is around frequent callers.

The Trust has a policy and procedure for the identification and management of frequent callers. The policy/procedure ensures the Trust fulfils its obligations to identify and safeguard vulnerable people and ensures patients receive the right care, at the right time, in the right place.

How many calls per month/year class somebody as a frequent caller?

The Trust adheres to the Frequent Caller National Network (FreCaNN) definition which is: *“A frequent caller is defined as someone aged 18 or over who make 5 or more emergency calls relating to individual episodes of care in a month or 12 or more emergency calls related to individual episodes of care in 3 months from a private dwelling”*.

What support do they receive from the frequent callers unit to try and reduce the number of calls they make?

The team has a robust staged framework to suitably identify and manage FCs to the Trust, part of this framework involves completing a home visit to discuss with the patient any concerns, expectations and have a de-medicalised conversation to see how we can help.

In addition the team also implements Patient Response Plans (PRPs) to ensure patients who contact the Trust via 999, can speak to a health care professional and receive an enhanced clinical triage to determine the most appropriate outcome, this may be an ambulance or referral to a community service.

The team works with system partners across Kent, Surrey, Sussex and East Hampshire across various forums to ensure each service works in collaboration to ensure the needs of our patients are met.

What is your process to get consent from them for their case to be managed by the frequent callers unit?

Consent is not required to manage a patient under our process.

What happens in the instance where the person does not consent to this and/or does not engage?

Please see answer above

What is the success rate of your frequent callers unit?

The team does not have the necessary databases and/or software to look at the managed patient cohort only, but in terms of the whole cohort of frequent callers, the FCT can consistently evidence a year-on-year increase in the Trust's hear & treat performance (calls managed over the phone).

What reduction of calls do you see as a result of the frequent callers unit work and what statistics are available to show the effectiveness of the care they receive reducing the number of calls received?

As above, in 2020/21 The FCT managed and created personalised care records for 31% of FCs with 16% of the total calls managed as Hear & Treat, 47% as See & Treat and 24% See & Convey.

The implementation of PRP's clearly demonstrates the effectiveness in transitioning patients from see & treat (ambulance attending) to hear & treat. With the most complex of patients who call multiple times a day regularly managed over the phone without the need for an emergency ambulance attending, this ensures patients receive the right care, at the right time, in the right place.

I hope you find this information of some assistance.

If for any reason you are dissatisfied with our response, kindly in the first instance contact Caroline Smart, Head of Information Governance via the following email address:

FOI@secamb.nhs.uk

Yours sincerely

**Freedom of Information Coordinator
South East Coast Ambulance Service NHS Foundation Trust**