



## Frequent Caller Policy

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## **1 Statement of Aims and Objectives**

- 1.1. The identification and management of frequent callers to the urgent and emergency service (999 and NHS 111 service) offered by the South East Coast Ambulance Service NHS Foundation Trust (SECamb or the Trust) is essential in order to fulfil its obligation to identify and safeguard vulnerable people.
- 1.2. The objectives of this policy are:
- 1.3. To define the corporate governance arrangements for the identification and management of frequent callers (FC's) to the Trust.
- 1.4. To ensure that the Trust meets its statutory, legal and regulatory obligations in the management of Frequent Callers.
- 1.5. To ensure that that when identifying and managing frequent callers the Trust achieves its strategic objectives, specifically:
- 1.6. To deliver appropriate care based on transparent and fair, consistent practice with decisions devolved closer to patients.
- 1.7. To provide care in the right setting.
- 1.8. To improve clinical outcomes, safety and governance.
- 1.9. To demonstrate intervention that supports an individual's well-being.
- 1.10. To reduce health inequalities across the dependent population.
- 1.11. To ensure that services are delivered in the most efficient way possible.
- 1.12. To deliver a timely, convenient and responsive access to care including preventative interventions and diagnostics.
- 1.13. To ensure that the scope regarding the identification and management of frequent callers to the service are appropriate to assure commissioners, the SECamb board and all other stakeholders of the safety and quality of the service.

## **2 Principles**

- 2.1. The principles guiding our approach to effective identification and management of frequent callers are set out in this section.
- 2.2. The overwhelming majority of individuals or organisations who access the 999 or 111 system do so with legitimate healthcare requirements. The identification and management of those who access emergency and urgent healthcare at an abnormally high level, could lead to the identification of

individuals who are at risk, vulnerable, or have an unmet health or social care need.

- 2.2.1. FC's may present to the Trust's services with a range of presentations, common themes however include chronic illness, mental health concerns or substance misuse.
- 2.2.2. The identification and management of unmet health or social care need underpins the principles of how the Trust will interact with this complex and vulnerable patient group.
- 2.2.3. There is an overarching policy for staff, regardless of the method of patient contact into the services provided by the Trust.
- 2.2.4. There is an overarching policy for staff to be directed to more detailed supporting policies and procedures.
- 2.2.5. The Trust has robust and effective procedures in place which identify and manage frequent callers to the service.
- 2.2.6. There must be clear accountability and robust governance arrangements regarding the identification and management of frequent callers within the Trust.
- 2.2.7. Efficiency savings will be attained by the Trust as the management of individuals who are frequently accessing healthcare with unmet needs will increase resource availability for others in need of care, making best use of Trust resources.
- 2.2.8. This policy should be read in conjunction with the Trust's procedural documents relating to identification and management of frequent callers.
- 2.2.9. The Trust will ensure frameworks and standards are set across the service that enable the delivery of a safe and effective clinical service and, to provide a systematic approach for demonstrating high quality, safe and effective experience for all patients.
- 2.2.10. The Trust provides a consistent approach to the management and clinical governance regarding frequent callers to the service. This is supported by continuous review of work being undertaken nationally by other NHS Ambulance Trusts in relation to this patient group through the Frequent Caller National Network (FreCaNN).
- 2.2.11. The frequent caller definition will also apply to NHS 111 as there is no current nationally agreed definition for 111 services. Given the nature of the service and volume of calls received, the Trust reserves the right to amend this definition and threshold of patient management.
- 2.2.12. All staff in a patient contact role should feel supported by the Trust in dealing with this highly complex patient group which can present with

significant risks even when Trust policies and procedures have been followed.

### **3 Arrangements**

3.1. There are 3 interlinked strands to the Frequent Caller Policy:

3.1.1. Information Gathering (necessary, proportionate);

3.1.2. Governance process (accountable, proportionate);

3.1.3. Legal compliance (legal, necessary);

#### **3.2. Information Gathering**

3.2.1. All identified frequent callers suitable for management by the team will require an individualised record, part of the frequent caller framework is to gather pertinent clinical and social information about the patient in order to ensure they are accessing the Trust's 999 and NHS 111 service accordingly and to review any potential unmet care needs. Overall information gathering is paramount to ensure the Trust can safely meet the patient's needs and ensure that any risks associated with implementing a patient response plan are considered.

3.2.2. Information gathering is conducted in a number of ways

3.2.2.1. Liaising with the patients and lead Health Care Professionals

3.2.2.2. Reviewing care plans/records held on Trust systems e.g. IBIS.

3.2.2.3. Utilising Trust interoperability systems which link to external health and social care systems e.g., Graphnet.

3.2.2.4. Discussing patients at professionals meetings and liaising with external health and social care professionals

#### **3.3. Governance process**

3.3.1. The Trusts Frequent Caller team (FCT) provides a robust framework which provides assurance as to the review and monitoring of identified frequent callers. The FCT report bi-monthly into the Frequent Caller Sub-Group and quarterly into the Professional Practice Guidelines and Pathways Sub-Group (PPGPSG) to ensure there is clinical oversight of the teams activities.

3.3.2. This governance process also ensures there is appropriate clinical oversight and review of any incidents involving frequent callers, particularly where the incident involves concerns around the timeliness of response.

3.3.3. Clinical review also extends to all deaths in the ambulance service care or in the defined contact period (as per the Learning from Death guidance) for frequent callers subject to a patient response plan. Consideration is also given to all Serious Incidents (SIs) involving frequent callers.

#### 3.4. **Legal Compliance**

3.4.1. The frequent caller policy and supporting procedure ensure the Trust meets its duty of care to its staff and patients, and complies with statutory requirements, particularly in relation to the Data Protection Act 2018 and conforms to the best practice and national guidelines.

### 4 **Definitions**

4.1. Throughout this document the following definitions will apply.

4.2. **Definition of a Frequent Caller to the Service** – The current frequent caller is defined by the Ambulance Service Frequent Caller National Network (FreCaNN) as someone **aged 18 or over** who makes **5 or more** emergency calls related to individual episodes of care in a month, or **12 or more** emergency calls related to individual episodes of care in 3 months.

4.3. **Frequent Caller National Network (FreCaNN)** – Network of all United Kingdom Ambulance Services mandated to meet every 3 months and provides a best practice approach to the Ambulance Service Frequent Caller agenda. Reports to the National Ambulance Service Medical Directors Group (NASMeD)

### 5 **Responsibilities**

5.1. The **Chief Executive Officer** is the overarching Executive Lead for the Trust.

5.2. The **Medical Director** is responsible for clinical governance within the Trust.

5.3. The **Frequent Caller Sub-Group** is responsible for the ongoing effectiveness of this procedure.

5.4. The **Consultant Paramedic – Urgent and Emergency Care** has immediate line-management responsibility for the Frequent Caller Lead. During any period of absence of the Frequent Caller Lead, a nominated Frequent Caller Practitioner will have responsibility for monitoring the identification and management of frequent callers within the Trust. If the absence is for a prolonged period, the Consultant Paramedic will have responsibility for the duration of the absence or pass this responsibility to a

nominated deputy.

- 5.5. The Trust's **Frequent Caller Lead** will be the lead manager with delegated responsibility for the strategic governance arrangements in place regarding the identification and management of frequent callers across the organisation. The Frequent Caller Lead is responsible for:
  - 5.5.1. Overseeing appropriate strategies for information sharing and exchange with other agencies and stakeholders both internal and external to the Trust in a timely manner.
  - 5.5.2. Ensuring that effective communication systems exist between all levels of staff and system partners as appropriate.
  - 5.5.3. Maintaining accurate records and multi-agency contact details.
  - 5.5.4. Providing clinical leadership regarding awareness and development of the frequent caller agenda across the Trust.
  - 5.5.5. Reviewing and authorising Patient Response Plans and that these along with frequent caller records are reviewed according to the identification and management procedure
- 5.6. The Trust's **Frequent Caller Practitioners** are responsible for the day to day management and review of their patients as well as assisting the Frequent Caller Lead with identifying, coordinating and managing frequent callers within their designated sector.
- 5.7. The Trust's **Caldicott Guardian** has overall responsibility for ensuring that all patient information relating to identification and management of frequent callers remains securely stored and confidential. Day to day responsibility for frequent caller records is held by the Frequent Caller Lead in accordance with the Trust records management policy.
- 5.8. **All Trust Employees** are responsible for having a clear understanding of their roles and responsibilities in respect of the identification and management of frequent callers.

## **6 Audit and Review (evaluating effectiveness)**

- 6.1. All policies have their effectiveness audited by the responsible Management Group at regular intervals, and initially six months after a new policy is approved and disseminated.
- 6.2. Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).

- 6.3. This document will be reviewed in its entirety every three years or sooner by the Frequent Caller Lead and Frequent Caller Sub-Group if new legislation, codes of practice or national standards are introduced, or in light of any adverse incidents or risks identified.
- 6.4. All changes made to this policy will go through the governance route for development and approval as set out in the Policy on Policies.

## **7 References**

- 7.1. The Care Standards Act 2000.
- 7.2. Mental Capacity Act 2005.
- 7.3. Mental Capacity Act: Making Decisions 2014.
- 7.4. The Care Act 2014.
- 7.5. Frequent Caller Best Practice v2.0 2021.

## **8 Equality Analysis**

- 8.1. The Trust believes in fairness and equality, and values diversity in its role as both a provider of services and as an employer. The Trust aims to provide accessible services that respect the needs of each individual and exclude no-one. It is committed to comply with the Human Rights Act and to meeting the Equality Act 2010, which identifies the following nine protected characteristics: Age, Disability, Race, Religion and Belief, Gender Reassignment, Sexual Orientation, Sex, Marriage and Civil Partnership and Pregnancy and Maternity.
- 8.2. Compliance with the Public Sector Equality Duty: If a contractor carries out functions of a public nature, then for the duration of the contract, the contractor or supplier would itself be considered a public authority and have the duty to comply with the equalities duties when carrying out those functions.