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The Impact of a High Intensity User Programme for Frequent Callers to the Northern Ireland Ambulance Service

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Title of Abstract

The Impact of a High Intensity User Programme for Frequent Callers to the Northern Ireland Ambulance Service

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Background: The Northern Ireland Ambulance Service Health and Social Care Trust (NIAS HSCT) receives over 20,000 emergency calls per year from a cohort of service users who seek assistance on a frequent basis. The NIAS Complex Case Team (CCT) seeks to address the needs of Frequent Callers (FC) and the subsequent impact this cohort has on service provision (McDonnell et al. 2022). The FC National Network have defined a FC as 'Anyone over the age of 18 who calls for an emergency ambulance more than 5 times in one month' (FreCaNN, 2021). It has been reported that ignoring the challenge of inappropriate use of emergency services leads to inefficiencies, poor patient experience and clinically unsafe environments (Smith and McNally, 2014).

The CCT engages with FCs, establishes appropriate care pathways with statutory and voluntary organisations, utilising a multidisciplinary approach, with wide ranging benefits for patients and stakeholders. Since the CCT was formed in 2017, over 1800 people across Northern Ireland (NI) have met the national criteria. Service users who meet this threshold receive a visit from the CCT. A holistic assessment is undertaken and a profile of the individual and underlying reasons for their use of emergency and unscheduled care services is developed. With the person's written consent, referrals are then made to the most appropriate care services to meet their individual needs.

In 2022, funding was secured from NHS Charities Together for a 15-month project conducted in collaboration with the British Red Cross (BRC). NIAS worked closely with the BRC to provide bespoke, person centred, support for service users through a High Intensity User (HIU) programme called Interact. Using this person-centred approach, services can work together to ensure that the person's core needs are being addressed, at the same time, reducing the demand being placed on the emergency services and unscheduled care services (Smith and McNally, 2014).

Methods:

The Interact HIU programme was delivered by way of intensive support from a dedicated key worker, to assist with complex unmet health and social care needs known to be associated with FCs (Moseley et al, 2024). The BRC project team consisted of one manager and three keyworkers who engaged with 48 FC. Interventions included assistance with attending key appointments, helping the service user reconnect with community services and empowering individuals to take back control of their own health and social care through motivational interviewing techniques. This programme is a first of its kind in NI for this cohort of service users.

Results:

There was an overall reduction in emergency calls made by the cohort from 1242 calls to 557, a decrease of 55.2%. Ambulance resources dispatched decreased from 443 to 148 (66.6%). Fewer FC were transported to an Emergency Department (ED) with numbers falling from 208 to 81, a reduction of 61%. At the end of the project the Net Cost & Improvement Savings per annum (for 48 individuals) was estimated at £1.94 million.

Further to economic benefits to the health and social care trusts, patient reported experience measures (PREM) have shown a ubiquitous improvement to service user health and wellbeing. Whilst cost-effective, the importance of the financial savings pale in comparison to hearing quotes such as; "You have played a huge part in... helping me when I was at my lowest ebb" and "You have turned my life around" (NIAS HSCT Independent Evaluation, 2024). These improvements are a result of a patient focused, de-medicalised, de-criminalized approach, with interventions specifically identified to meet the service users health and social care needs.

Conclusion:

The BRC HIU programme took a person-centred approach to dealing with FC in NI, complimenting the ongoing work of the CCT. Through positive interaction with both service users and colleagues in partner agencies, an ethos of wraparound care was promoted. This patient-centric approach led to improvements in patient's overall health, well-being and life circumstances, with a subsequent reduction in contact with emergency services. There was a reduced demand on both NIAS and the wider system in a time when it is needed more than ever.

The model of care piloted in this process has the potential for immediate scale and spread throughout the NIAS operational area. Considerations are being explored to source a

permanently commissioned workstream to ensure this HIU programme becomes business as usual.

Impact: Our work is -

- Sustained - through a reduction in demand, leading to a financial saving and keeping ambulances available in the community.
- Transferable - through positive outcomes across public sectors, not just within NIAS or healthcare.
- Scalable - through its growth from one pilot area into a regional service with positive outcomes in all geographic locations across Northern Ireland.

Funding - Funding for Interact pilot provided by NHS Charities Together

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