



North West Ambulance Service



NHS Trust

Delivering the right care, at the right time, in the right place

Policy on Frequent caller Identification and Management

Policy on Frequent caller Identification and Management		Page:	1
Author:	Angela McNally – Frequent Caller Manager	Version:	2.5
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For use by	All Trust employees

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Policy on Frequent caller Identification and Management		Page:	2
Author:	Angela McNally – Frequent Caller Manager	Version:	2.5
Date of Approval:	March 2017	Status:	Final
Date of Issue:	March 2017	Date of Review	March 2020

Change record form

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Policy on Frequent caller Identification and Management		Page:	3
Author:	Angela McNally – Frequent Caller Manager	Version:	2.5
Date of Approval:	March 2017	Status:	Final
Date of Issue:	March 2017	Date of Review	March 2020

Policy on Frequent Caller Identification and Management

Contents

Introduction	Page 5
Purpose	Page 5
Identification of a Frequent Caller	Page 6
Management of a Frequent Caller	Page 9
Roles and responsibilities	Page 11
Record keeping, confidentiality and information sharing	Page 14
Monitoring	Page 14
Associated documentation	Page 15
Appendix A: Procedure and flow charts	Page 15

Policy on Frequent caller Identification and Management		Page:	4
Author:	Angela McNally – Frequent Caller Manager	Version:	2.5
Date of Approval:	March 2017	Status:	Final
Date of Issue:	March 2017	Date of Review	March 2020

1. Introduction

- 1.1 The overwhelming majority of Individuals or organisations who access the 999 system do so with legitimate healthcare requirements. The identification and management of those who access emergency healthcare on an abnormally high number of occasions could lead to the identification of individuals who are at risk, vulnerable or accessing the incorrect healthcare for their needs. These patients are referred to as frequent callers.
- 1.2 The identification and management of frequent callers to the emergency service offered by NWS NHS Trust is essential for the Trust to fulfil its obligation to identify and safeguard vulnerable people.
- 1.3 The Trust's commitment to delivering the right healthcare, at the right time and in the right place requires the Trust to facilitate the management of individuals who are accessing the incorrect healthcare for their needs.
- 1.4 A robust system to identify and manage frequent callers, who are violent and aggressive towards NWS employees, will provide a safer working environment, and demonstrate to employees and the public, that violence and aggression towards NWS NHS Trust staff will not be tolerated.
- 1.5 Efficiency savings will be attained by the Trust as the management of individuals, who are frequently accessing healthcare inappropriately, will increase resource availability for others in need of care, making best use of Trust resources.

A system in place to work closely with the 111 service to identify patients that are known to both, this will enable identification of current trends and occurrences so that there is no overlapping on any actions that are taken by either team and ensure a seamless approach to the management of frequent callers.

2 Purpose

- 2.1 The term 'Frequent Caller' will be defined in detail later in this policy, but the term in general refers to an individual or organisation that is accessing NWS services at an unusual rate of frequency.

Policy on Frequent caller Identification and Management		Page:	5
Author:	Angela McNally – Frequent Caller Manager	Version:	2.5
Date of Approval:	March 2017	Status:	Final
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- 2.2 This policy should be read in conjunction with the Frequent Caller Identification and Management Procedure, which will provide a structured reporting and management procedure for all frequent callers.
- 2.3 Application of this policy will result in the identification and management of people at risk who may not be identified through the routine use of the Trust’s safeguarding policy and procedures. When appropriate, existing NWS safeguarding procedures must be followed.
- 2.4 This policy and its associated procedure should be used in conjunction with other Trust policies and procedures including, but not exclusively, capacity and consent, health and safety, safeguarding, incident reporting and investigation, and clinical records.
- 2.5 Whilst the purpose of this policy is to safeguard people at risk, secondary benefits to the Trust will include an increase in available resources and cost savings in relation to the reduction in incidents from frequent callers who will be directed towards more appropriate healthcare.

3 Identification of a Frequent Caller

3.1 Automated Report

3.1 An automated frequent caller report will be generated to the appropriate team on a weekly basis. The report will identify addresses where five or more calls in one month are generated and 12 or more calls in three months, related to individual episodes of care. On receipt of the frequent caller report, the person allocated to review and action the report will be permitted to refine the report, by applying the frequency rates defined in Table 3.6.

3.1.2 The 111 Frequent Caller Report is generated and distributed to the 111 Clinical Governance Team on a monthly basis. The report will identify any individual that has called the 111 service more than eight times in 1 month. On receipt of the frequent caller report, the Clinical Governance Team will review and action the report to ascertain if any 111 and 999 crossover.

3.2 Emergency Operations Centre

Frequent callers will also be identified by Trust employees within the Emergency Operations Centre (EOC). These callers should be reported to the appropriate local

Policy on Frequent caller Identification and Management		Page:	6
Author:	Angela McNally – Frequent Caller Manager	Version:	2.5
Date of Approval:	March 2017	Status:	Final
Date of Issue:	March 2017	Date of Review	March 2020

manager for action. On receipt of a frequent caller report from EOC, the local manager should begin frequent caller procedures as soon as possible to ensure the appropriate safeguarding is in place and a safeguarding referral must be considered.

3.3 Operational Crews

Frequent callers may also be identified by operational clinicians. Safeguarding procedures should be followed if appropriate, and the caller should be reported to the frequent caller team as soon as possible. On receipt of a frequent caller report from operational crews, the frequent caller team should begin frequent caller procedures as soon as possible to ensure the appropriate safeguarding is in place.

3.4 Frequent Callers from Multiple Locations

A frequent caller who accesses the 999 system from multiple locations may not be identified by the automated frequent caller report. These callers may be identified by operational crews/EOC staff, and other external stakeholders. Once identified, the individual patient should be managed using the appropriate frequent caller procedure and make a safeguarding referral if appropriate.

3.5 It is acknowledged that certain organisations or individuals will legitimately access the emergency services of NWS more frequently than others. Table 3.6 provides a consistent method of defining the levels of frequency which would indicate when a caller should be considered as a frequent caller to the Trust.

Policy on Frequent caller Identification and Management		Page:	7
Author:	Angela McNally – Frequent Caller Manager	Version:	2.5
Date of Approval:	March 2017	Status:	Final
Date of Issue:	March 2017	Date of Review	March 2020

3.6

Caller Identification	Call Activity Deemed as Frequent
Private Property/Individual Patient	≥5 x 999 calls in 1 month ≥12 x 999 calls in 3 months individual episodes of care
Licensed Premises	>5 x 999 calls in 1 month
NHS Hospitals	monitored locally by Operations Manager
NHS Other (WICs, Primary Care Centres, GP Surgeries etc.)	monitored locally by Operations Manager
Care/Residential/Nursing Homes*	<10 Residents >4 calls in 1 month 11-20 Residents >6 calls in 1 month 21-30 Residents > 8 calls in 1 month 31-40 Residents >10 calls in 1 month 41-50 Residents >12 calls in 1 month 50+ Residents – monitored locally by Operations Manager
Public Building	>4 x 999 calls in 1 month
Police Custody Suite	monitored locally by Operations Manager
School/College	> 4 x 999 calls in 1 month
Individual <18 Years old <i>(if a child is highlighted and is below the set thresholds, the appropriate procedure MUST be followed to ensure safeguarding is in place)</i>	5> x 999 calls in 1 month 12> x 999 calls in 3 months individual episodes of care

* If a care/residential/nursing home appears on the frequent caller report and it is found the call activity is not deemed as frequent, if concerns are present the appropriate procedure should be followed to ensure safeguarding is in place. The care home call activity is a guide, and the type of home also needs to be taken into consideration prior to instigating the frequent caller procedure.

3.7 This policy does not remove the requirement of all staff to report via the Trust incident reporting system or safeguarding procedures, people or organisations that they believe are at risk, vulnerable and accessing the NWAS services frequently or inappropriately.

3.8 Once identified as a frequent caller, each individual or organisation should be managed following the frequent caller procedure.

Policy on Frequent caller Identification and Management		Page:	8
Author:	Angela McNally – Frequent Caller Manager	Version:	2.5
Date of Approval:	March 2017	Status:	Final
Date of Issue:	March 2017	Date of Review	March 2020

4 Management of a Frequent Caller

- 4.1 Frequent callers identified through the application of this policy will be managed by following the Frequent Caller Identification and Management Procedure.
- 4.2 All frequent callers identified through the reporting mechanisms detailed in Section 3 of this policy will be aligned into the categories as detailed in Table 4.11.
- 4.3 The management of frequent callers will be achieved by following the frequent caller procedure for that category of caller.
- 4.4 Each procedure will have an escalating level of action to follow, the appropriate level of escalation to be applied to the frequent caller, and monitoring for improvements will be established. Should the actions not achieve a reduction in frequency then the next escalation level will be instigated by the appropriate manager.
- 4.5 Depending on the category of caller, each procedure will have two, three or four escalation levels.
- 4.6 Patients identified as frequent callers will be entered onto a frequent caller database and if escalation Level 3 is reached then the caller will be regarded as a 'Supported frequent caller' in respect of Trust reporting purposes. If escalation Level 4 is reached, the patient will be regarded as a 'Managed frequent caller' in respect of Trust reporting purposes.
- 4.7 Each frequent caller category will have an appropriate manager assigned as the Trust lead for the management of that category, detailed in Table 4.11.
- 4.8 All actions taken to facilitate the management of a frequent caller will be noted using the documentation detailed in the Identification and Management Procedure.
- 4.9 Should a frequent caller under the age of 18 years of age be identified, then this information should be passed across to the Safeguarding Team with the completion of a safeguarding referral if appropriate. The safeguarding team will liaise with social services and designated safeguarding nurses to establish what support is in place for that child. If this is the first contact that the Safeguarding Team has had with the child, then investigations will take place regarding the lack of safeguarding referrals.

Policy on Frequent caller Identification and Management		Page:	9
Author:	Angela McNally – Frequent Caller Manager	Version:	2.5
Date of Approval:	March 2017	Status:	Final
Date of Issue:	March 2017	Date of Review	March 2020

4.10 If an address where a frequent caller resides is identified and children are known to reside there who could potentially be at risk, then a safeguarding referral should be made, and also highlighted to the safeguarding team. These instances may include domestic violence/abuse, adults who regularly use alcohol/drugs or who live in deprived housing. These examples are not an exhaustive list and each case should be judged individually.

4.11

Category	Action	Number of Escalation Levels	Lead Manager	Trust Specialist Advice & Guidance
NHS Properties	Local Monitoring	N/A	Operations Manager	N/A
Police Custody Suites	Frequent Caller with History of Violence & Aggression	N/A	Operations Manager/Advanced Paramedic	Safety & Security Practitioner
Public Building not connected to a Building (ie motorway junction)	Local Monitoring (if an individual is identified as frequently calling from a public location, the Frequent Caller Procedure should be followed)	N/A	Operations Manager/Advanced Paramedic	Safety & Security Practitioner
Frequent Caller with History of Violence & Aggression	Follow Violent & Aggressive Frequent Caller Policy	3	Frequent Caller S.P Safety & Security practitioner	Safety & Security Practitioner
Nursing, Care or Residential Home	Follow Nursing, Care & Residential Home Frequent Caller Procedure	3	Frequent Caller S.P Safety & Security practitioner	Safety & Security Practitioner
Licensed Premises	Follow Licenced Premises Frequent Caller Procedure	3	Operations Manager	Safety & Security Practitioner
Public Building	Follow Public Building Frequent Caller Procedure	2	Operations Manager Local Manager	First Responder Manager
Private Premises/ Individual	Follow Private Premises Frequent Caller Procedure	4	Frequent caller S.P Advanced Paramedic Local Manager	Safeguarding Practitioner
One Individual Identified at Multiple Locations	Follow Private Premises Frequent Caller Procedure	4	Frequent caller S.P Advanced Paramedic/Local manager	Safeguarding Practitioner

Policy on Frequent caller Identification and Management		Page:	10
Author:	Angela McNally – Frequent Caller Manager	Version:	2.5
Date of Approval:	March 2017	Status:	Final
Date of Issue:	March 2017	Date of Review	March 2020

5 Roles & Responsibilities

5.1 Trust Executive Management Team

5.1.1 Will receive reports periodically relating to frequent caller activity and management actions.

5.2 Sector Manager

5.2.1 Will ensure the advanced paramedic and operations manager's compliance with this policy and its associated procedure.

5.2.2 Ensure local compliance with record keeping.

5.2.3 Ensure frequent caller report is completed by the appropriate manager within a timely manner.

5.2.4 Maintain local record of reports securely and ensure there are procedures in place for the retrieval of reports if required by an external agency.

5.2.5 Ensure patient confidentiality is maintained at all times.

5.3 Advanced Paramedic

5.3.1 Support the local management team with clinical advice and the management of frequent callers.

5.3.2 Ensure compliance with NWAS policy and procedure in relation to patient confidentiality, safeguarding, vulnerable people and information sharing.

5.4 Operations Manager

5.4.1 Support the local manager with management of licensed premises.

5.4.2 Ensure the accurate recording and maintenance of documents relating to the actions taken in respect of this policy.

5.4.3 Ensure compliance with NWAS policy and procedures in relation to patient confidentiality, safeguarding vulnerable people and information sharing.

Policy on Frequent caller Identification and Management		Page:	11
Author:	Angela McNally – Frequent Caller Manager	Version:	2.5
Date of Approval:	March 2017	Status:	Final
Date of Issue:	March 2017	Date of Review	March 2020

5.5 Safety and Security Practitioner

- 5.5.1 Ensure compliance with the procedures set out within this policy and its associated procedure.
- 5.5.2 Assist the local manager and frequent caller SP in the management of frequent callers identified as having a history of identified risk of violence and aggression.
- 5.5.3 Take the appropriate lead role on the management of the frequent callers who are identified as a safety risk and who have reached Escalation Level 3 within the frequent caller procedure. This is in liaison with the local police force and NWS legal service managers.
- 5.5.4 Ensure compliance with NWS policy and procedure in relation to patient confidentiality, safeguarding vulnerable people and information sharing.

5.6 Safeguarding Practitioner

- 5.6.1 Ensure compliance with the actions outlined in this policy and its associated procedure.
- 5.6.2 Support the local management team where a safeguarding concern is highlighted. Monitor and action any safeguarding issues identified by this policy and procedure. Pass safeguarding referral information to the local frequent caller team to identify if there is a crossover of patients to ensure joint working, and prevent duplication. Update the frequent caller team on patients referred following safeguarding concerns.
- 5.6.3 Ensure compliance with NWS policy and procedure in relation to patient confidentiality, safeguarding vulnerable people and information sharing.

5.7 All NWS Staff

- 5.7.1 All Staff must follow the NWS NHS Trust's safeguarding procedures for the reporting and management of vulnerable people.
- 5.7.2 All staff must report any individuals or public building, including licensed premises where they have identified a high frequency of calls to the local manager and the frequent caller team.

Policy on Frequent caller Identification and Management		Page:	12
Author:	Angela McNally – Frequent Caller Manager	Version:	2.5
Date of Approval:	March 2017	Status:	Final
Date of Issue:	March 2017	Date of Review	March 2020

5.7.3 Staff must ensure the maintenance of patient confidentiality at all times.

5.8 NWAS Informatics

5.8.1 The Informatics Department will provide local and national reports of frequent callers and the appropriate management action as required by commissioners and any national ambulance quality indicator directives.

5.9 External Agencies

5.9.1 This table provides guidance for the involvement of external agencies who may become involved in a multi-disciplinary approach to the management of frequent callers.

Safety & Security Practitioners/ Other Organisations	Provide information in relation to safety and security issues at their organisation. Provide details of any current sanctions, court orders or care plans in place for the individual.
Nursing Manager - Emergency Department	Provide details of attendance frequency, medical history, care plans in place. Identify joint care plan with other agencies.
Community Matron/ District Nursing Teams GP	Provide details of community care either being provided or available if required. Provide details of medical conditions and care plans in place. Provide confirmation of support already used or available.
Alcohol Liaison Teams	Provide details of support currently being provided, or available if required.
Mental Health Teams	Provide detailed mental health history. Provide guidance and support on mental health services available. Provide guidance on mental health care planning.
Anti-Social Behaviour Officer – Local Council	Provide details of current sanctions in place. Provide guidance on the provision of a civil injunction & other sanctions in relation to frequent calls.
Police	Provide details of known concerns. Provide security advice on individuals or policing advice on organisations. Provide guidance on future police involvement.
Local Housing Association	Provide guidance on anti-social behaviour/tenancy agreements. Provide guidance on the provision of good neighbour agreements. Provide details on support provision for dependant tenants.
Social Services	Provide social care advice and support in the management of frequent callers to the Trust. Provide assistance in the management of frequent callers who may require social care provision.
Safeguarding Practitioners (External)	Provide guidance and support for safeguarding individuals identified as at risk by NWAS NHS Trust. Working collaboratively with NWAS safeguarding practitioners, ensure a multi-agency approach to the management of callers identified as vulnerable or at risk.

Policy on Frequent caller Identification and Management		Page:	13
Author:	Angela McNally – Frequent Caller Manager	Version:	2.5
Date of Approval:	March 2017	Status:	Final
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6 Record Keeping, Confidentiality and Information Sharing

- 6.1 All Trust employees involved in the management of frequent callers will be responsible for the maintenance of confidential records relating to the frequent caller.
- 6.2 A Trust database will be maintained for all frequent callers. Appropriate storage of confidential records relating to these callers will be maintained by an appropriate manager.
- 6.3 If a home visit is arranged, an incident number should be generated following EOC procedure EOC0060 (Appendix A). Appropriate paperwork must be completed for all home visits.
- 6.4 NWAS procedures for information sharing must be adhered to at all times, during the management of frequent callers.
- 6.5 NWAS procedures for maintaining patient confidentiality must be followed at all times.

7 Monitoring

- 7.1 For reporting purposes, a database of all frequent callers within the procedure will be maintained by the appropriate person/manager.
- 7.2 The success of this policy and its associated procedure will result in a regular decline of frequent callers who are entered into the database. This would indicate an increasing number of patients are accessing the correct healthcare for their needs.
- 7.3 Monitoring of the frequent caller management and reporting system will be performed by the Frequent Caller Group, via the Senior Management Team and with the support of a named individual/manager.

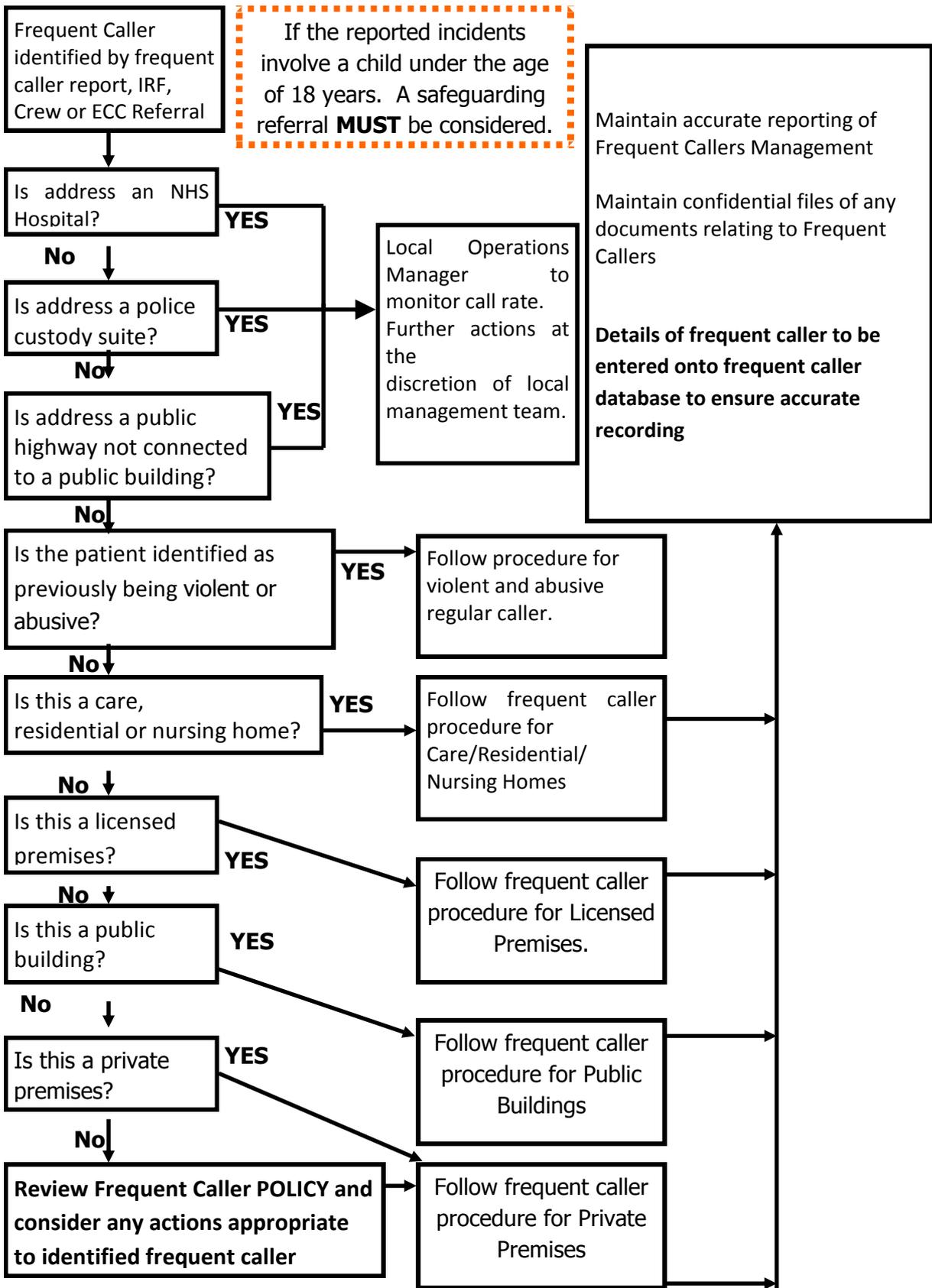
Policy on Frequent caller Identification and Management		Page:	14
Author:	Angela McNally – Frequent Caller Manager	Version:	2.5
Date of Approval:	March 2017	Status:	Final
Date of Issue:	March 2017	Date of Review	March 2020

Appendix A

Procedure Flow Charts

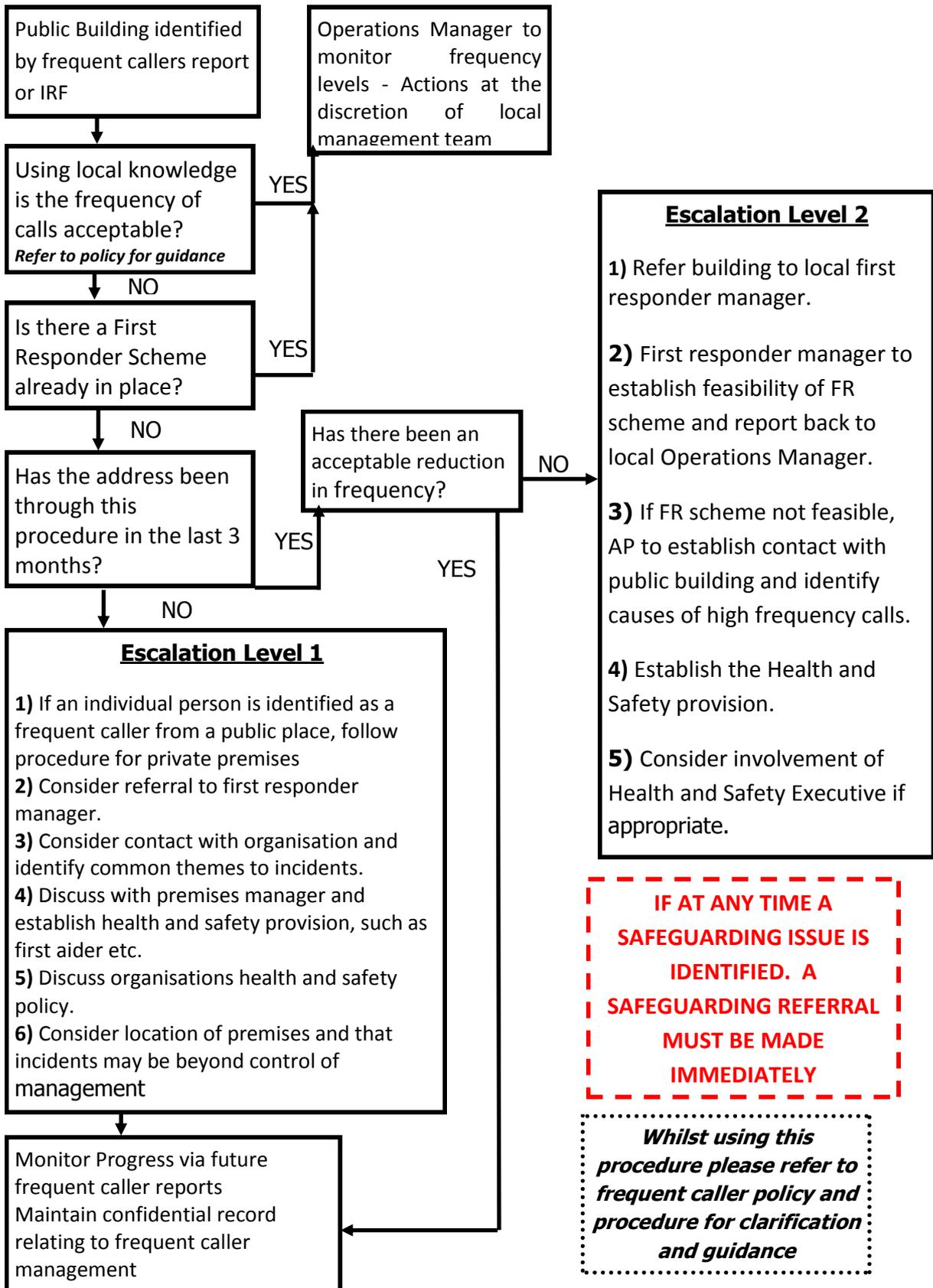
Policy on Frequent caller Identification and Management		Page:	15
Author:	Angela McNally – Frequent Caller Manager	Version:	2.5
Date of Approval:	March 2017	Status:	Final
Date of Issue:	March 2017	Date of Review	March 2020

Frequent Caller Procedure



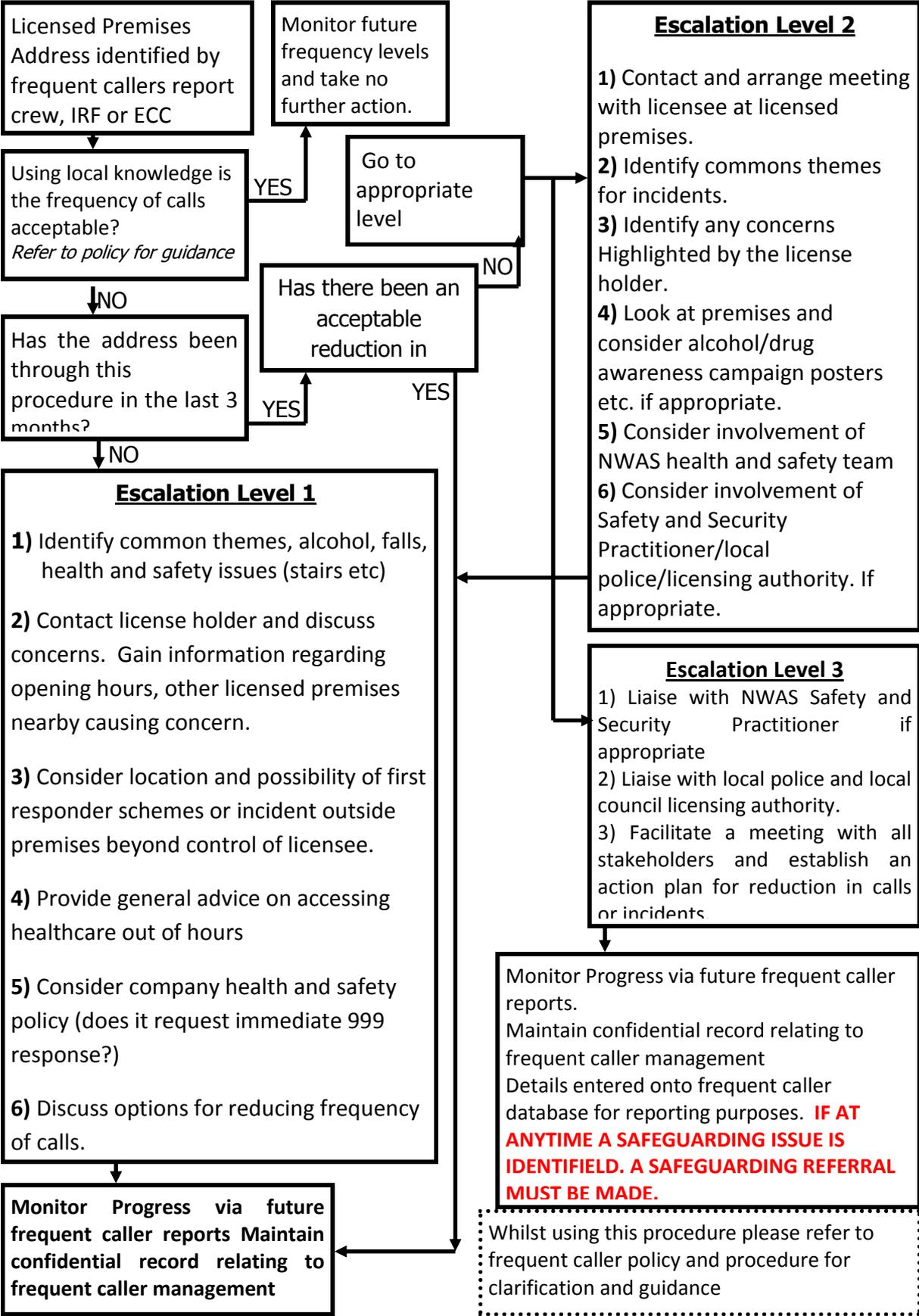
Policy on Frequent caller Identification and Management		Page:	16
Author:	Angela McNally – Frequent Caller Manager	Version:	2.5
Date of Approval:	March 2017	Status:	Final
Date of Issue:	March 2017	Date of Review	March 2020

Frequent Caller Procedure Public Buildings



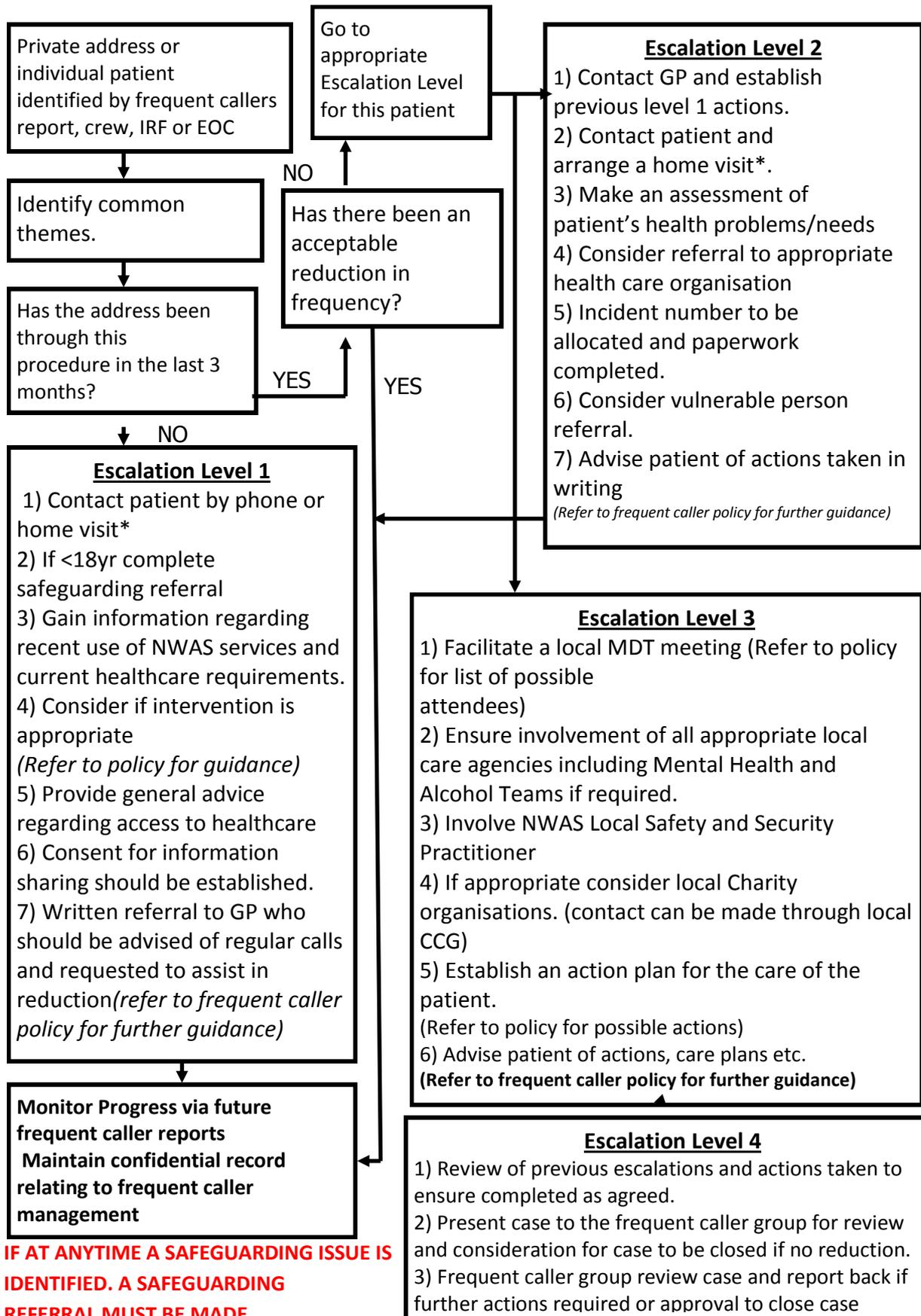
Policy on Frequent caller Identification and Management		Page:	17
Author:	Angela McNally – Frequent Caller Manager	Version:	2.5
Date of Approval:	March 2017	Status:	Final
Date of Issue:	March 2017	Date of Review	March 2020

Frequent Caller Procedure Licensed Premises



Policy on Frequent caller Identification and Management		Page:	18
Author:	Angela McNally – Frequent Caller Manager	Version:	2.5
Date of Approval:	March 2017	Status:	Final
Date of Issue:	March 2017	Date of Review	March 2020

Frequent Caller Procedure Private Premises

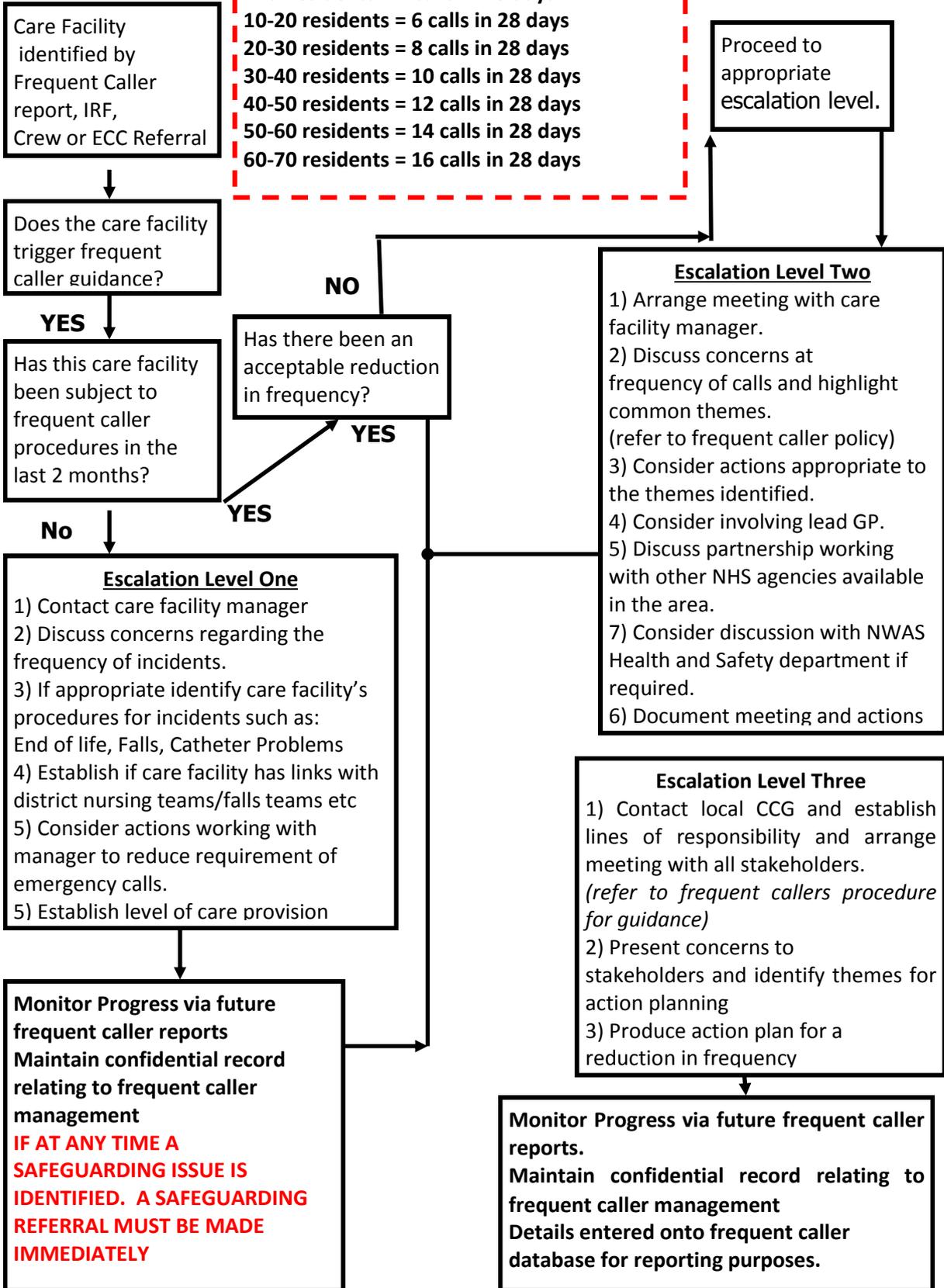


Policy on Frequent caller Identification and Management		Page:	19
Author:	Angela McNally – Frequent Caller Manager	Version:	2.5
Date of Approval:	March 2017	Status:	Final
Date of Issue:	March 2017	Date of Review	March 2020

Frequent Caller Procedure Care/Residential/Nursing Homes

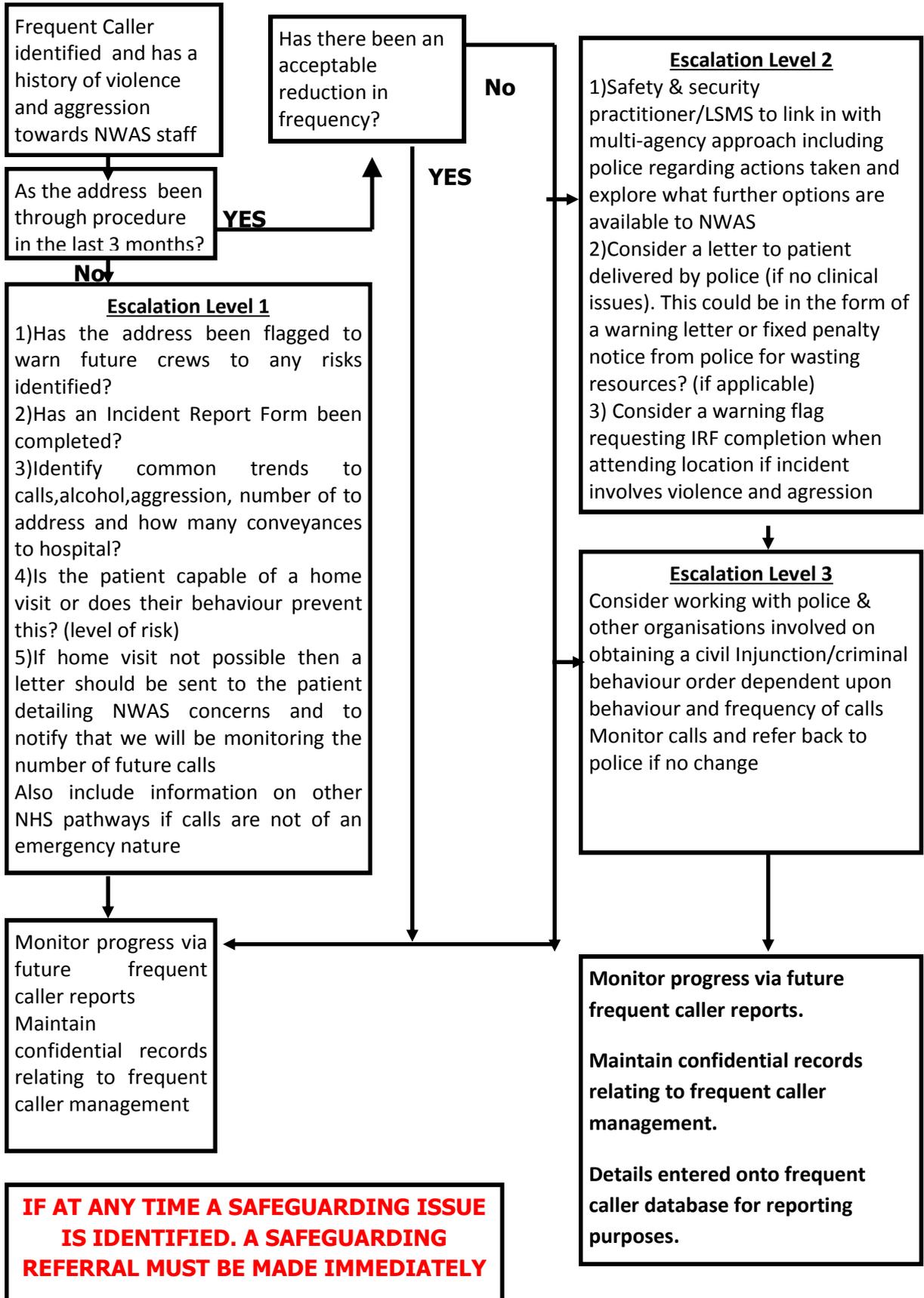
Care Facility Triggers for Frequent Caller Procedure

<10 Residents = 4 calls in 28 days
 10-20 residents = 6 calls in 28 days
 20-30 residents = 8 calls in 28 days
 30-40 residents = 10 calls in 28 days
 40-50 residents = 12 calls in 28 days
 50-60 residents = 14 calls in 28 days
 60-70 residents = 16 calls in 28 days



Policy on Frequent caller Identification and Management		Page:	20
Author:	Angela McNally – Frequent Caller Manager	Version:	2.5
Date of Approval:	March 2017	Status:	Final
Date of Issue:	March 2017	Date of Review	March 2020

Frequent Caller Procedure Violent & Abusive Patients



Policy on Frequent caller Identification and Management		Page:	21
Author:	Angela McNally – Frequent Caller Manager	Version:	2.5
Date of Approval:	March 2017	Status:	Final
Date of Issue:	March 2017	Date of Review	March 2020