

unlocking personalised outcomes

Caroline Williams
Associate Director Integrated Care

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NHS
Improvement



WARRINGTON
Borough Council

TSA™



Thinking about our system context...

For our TEC services

- advanced call handlers often the first point of contact with varied access to health care services
- holding cases for long periods whilst waiting for non-emergency ambulance dispatches
- consequent affect of other clients/service users experiencing long waits for a response

For our ambulance services

- experiencing unprecedented demand on their services
- waiting times for a category 3 & 4 response can be long
- in need of our support to manage patients that do not require an emergency response

For our UCR services

- have the skills, knowledge and competence to respond to accept calls from pendant providers
- offer a timely response to escalating need
- have access to a range of services to support, intervene and anticipate future needs

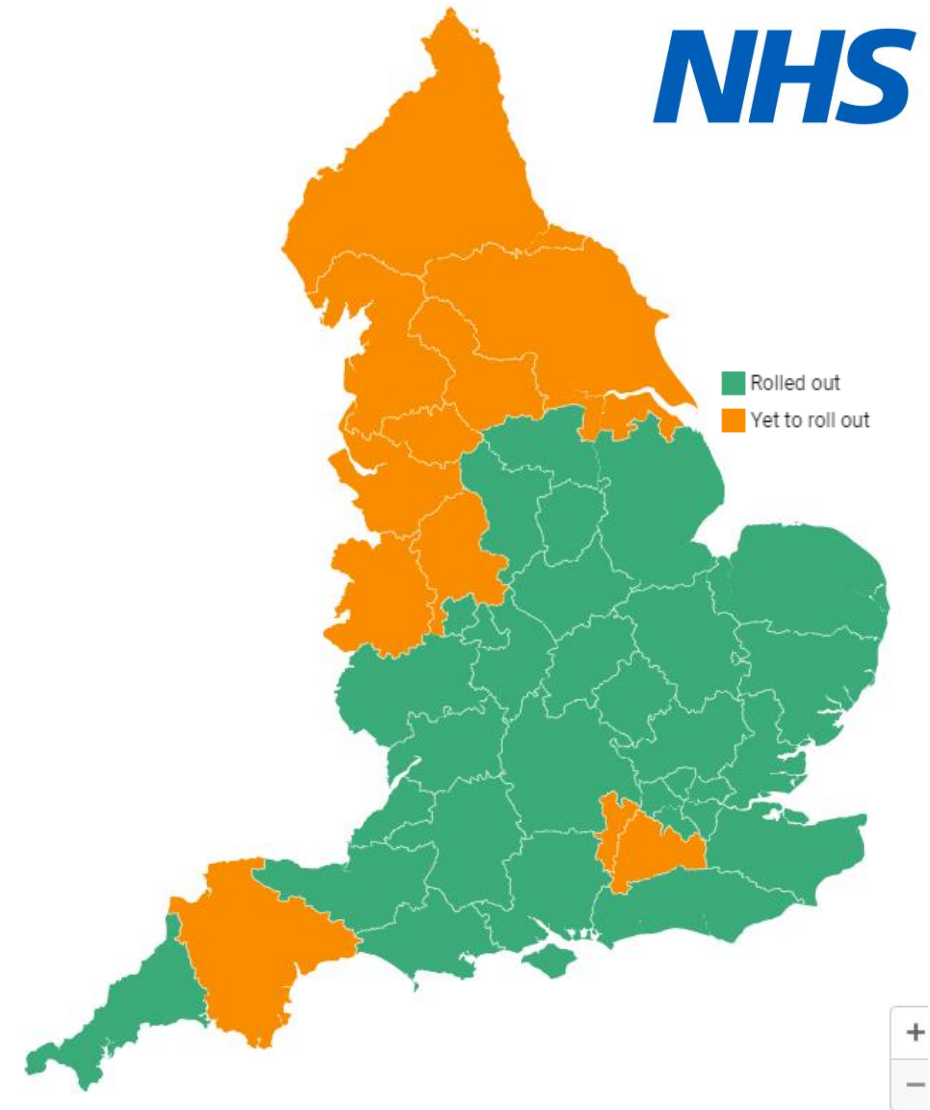
2-hour Urgent Community Response

UCR services are multi-profession teams providing a 2-hour response for people in a health or social care crisis supporting people to remain at home where this is appropriate

There are 118 2-hour urgent community response providers (approximately 220 services) across England

At the beginning of March 2022, 31 out of 42 ICSs reported they have full geographical coverage with other ICSs having a range of coverage in operational hours and geographically spread.

By April 2022, all ICSs are expecting full geographical coverage of UCR services 8am-8pm.



Map showing geographical coverage of 2hr crisis response by ICS, as of October 2021.

Collaboration with Ambulance Trusts and TEC Service Providers

Ambulance services are under significant pressure, demand is growing and waiting times are long.

People who have fallen are often experiencing a long lie, are deconditioned on arrival at A&E and are then admitted to hospital

Audits suggest that 9-11% of hospital admissions could be avoided with urgent response input

A 100-day challenge bringing together UCR with Ambulance Trusts was extended 50 days to help manage ambulance demand and (where clinically appropriate) have UCR teams take on waiting cat 3 and 4 calls and

We are also working with TEC providers, Responder services and UCR to develop solutions which can mean that an ambulance call isn't always the default option when a person presses their alarm.



The Mission



Drive Transformation and Growth of the TEC sector strengthening Partnerships, Data & People.



Ensure Quality and Safety setting, developing standards and providing independent and trusted audit and certification.



A focus on TEC services and their contribution to our system...


There is evidence to suggest that improving the pathways from pendant alarm services gives an opportunity to manage **inappropriate referrals into ambulance providers** especially for people who have fallen.

Pendant alarms provide a valuable service to people all across the country ensuring people in need can connect easily in a crisis. There are about 200 pendant alarm companies and some are linked to a responder service.

2600

Calls a day estimated from pendant alarm companies to ambulance teams

900 ambulance calls a day could be reduced if **1/3** of calls were directed to a different pathway



Some calls **should still be seen by ambulance teams**, there is evidence to suggest that improving the pathways from pendant alarm services gives an opportunity to manage **inappropriate referrals into ambulance providers** especially for people who have fallen.

If 1/3 of calls were more appropriately directed through partnership work this could reduce ambulance calls by 900 per day UK wide

NHS Service Finder

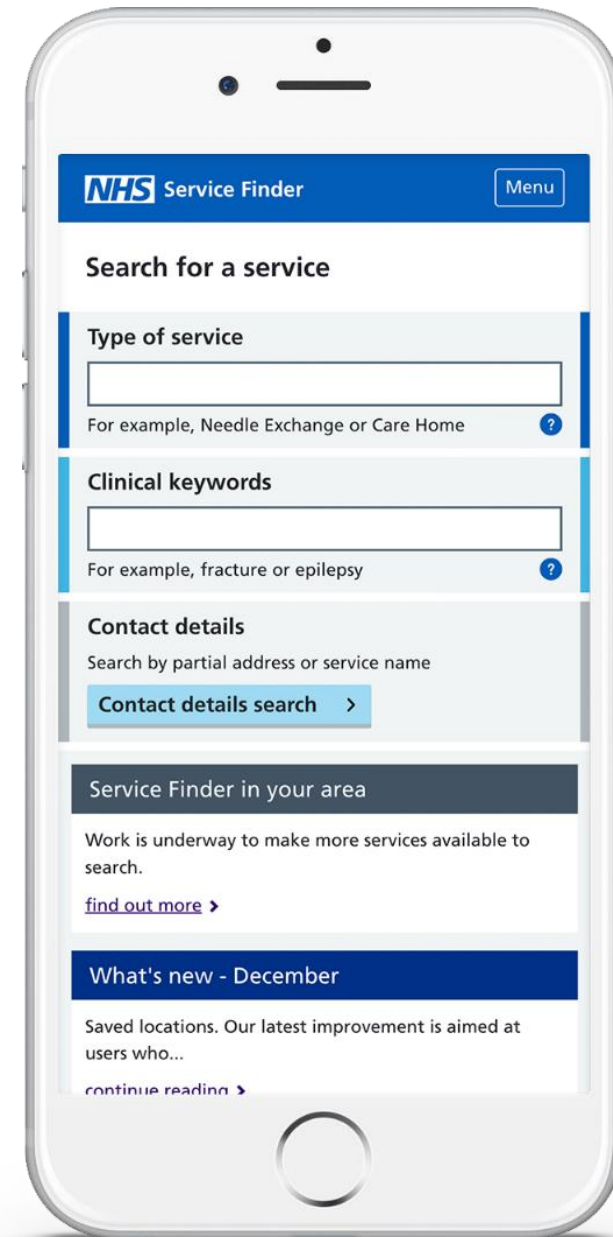
Simple, browser based solution which allows healthcare professionals to search for, and view NHS services

This saves time for healthcare professionals and allows them to signpost patients to the most appropriate care

Built by the NHS for the NHS, designed around user needs

- Replaces physical or outdated directories
- Provides fast, accurate, and up-to-date information
- Helps reduce avoidable conveyance rates into hospital
- Helps take pressure off ambulance services and spread the load across UEC

NHS Service Finder is supporting the Technology Enabled Care (TEC) working group to help TEC providers search for most relevant services



Connecting TEC, UCR and Responder Services, the Warrington experience...

Supporting people to **live well and independently at home**, building on our **UCR service and drawing on the expertise of our TEC and Responder** services, three new service offers have emerged

Care Call (TEC & Pendant Alarm Service) and UCR Pathway

Pendant alarm activated by service user and triggers:

- **In Hours** call rather than 999 for UCR triage, MDT agrees optimal colleague to visit service user at home
- **Out of Hours** call Responder Service to visit, escalating to UCR where required for an early call
- Accounts for **7% of referrals** into UCR

Falls Responder Service being an integral offer within UCR

Through the BCF, the service has been extended to be available 24/7:

- Now available **days as well as nights** and **based with UCR 8am-8pm**
- Attending in **less than 60 minutes** on average, often being first on scene
- Outcomes are positive with **70% of people remaining** at home following a visit
- Knowing they have **UCR and other community health and social care services** available should they be required as an alternative to a 999 call

National Pendant Alarm Service and UCR & Falls Responder Pathway

- Taking Care have approximately **100 privately purchased pendant alarm** customers in Warrington that are currently **accessing UCR and other community services via their GP**
- Pathways and processes are being finalised to *test a pathway whereby Taking Care can access UCR and Falls Responder Services*, a start date for the service is earmarked for April 2022

Sharing service users experiences...



Situation

Person activated her Carecall pendant because she had been stuck on her sofa all day, unable to mobilise. Usually, a sudden and complete loss of mobility would call for mandatory ambulance attendance but UCR despatched Responders alongside a Physiotherapist.

Intervention

On arrival, the FAST test and observations were taken to assess the likelihood of a new infection/illness. Once confirmed that her observations were all within acceptable parameters, the Physiotherapist & Occupational Therapist worked with her to enable her to mobilise herself using the surrounding furniture and the mobility aids at hand.

Outcome

Patient had capacity and did not want an ambulance to attend as the thought of this caused her significant emotional distress. Our service made a huge difference to this patient and she was incredibly grateful.

Sharing service users experiences...



The Paramedic crews now call us "The Angels"

Situation

Pendant activated-person had fallen and Responders dispatched and Ambulance called.

Interventions

On arrival at the property the patient was sitting on the floor in a very small down stairs toilet, gained consent to assist patient up, but due to space a slide sheet needed to be used to get the patient out of the toilet. Once out of the toilet the Mangar Elk was used to assist the patient up. The patient was very anxious but was able to walk unaided to her chair with verbal encouragement. Consent was gained to undertake a full set of observations, apart from the respiratory rate being a little high all other observations were within range. Responders remained with the patient and when she was calmer were able to repeat observations especially the respiratory rate, which has come down to 20 making it within range.

Outcome

The patient was left safe and well. Ambulance stood down.



Our project with



When the activation is received, all calls in the first instance are treated as an emergency call.

They are connected automatically to the TEC provider (pendant alarm provider) who will speak to the caller via the loudspeaker in the alarm or speech unit.

The TEC provider operator will know who the caller is, where they live and their medical history, ensuring we can provide the most appropriate assistance.

The operator will speak to the customer by name, check their notes and medical details. They will access various resources for those callers requiring a different form of communication (e.g language line) and then triage the call.

The TEC provider operator will contact the Warrington UCR 8am-8pm and Responder service 8pm to 8am.

They will share access details where necessary and offer continual reassurance where circumstances demand and will continue to monitor the caller's welfare until a responder or UCR arrives.

Sharing of Stats and knowledge transfer

Identified the problem and help aligned what the outcome should be.
Data from TC Emergency Calls shared within the Warrington region with action taken
Warrington shared details of UCR team giving insight to TC of another option other than the emergency services

I help people avoid going to hospital by linking in with different services. I've never known a service like this before where staff from health and social care work so closely together. We're able to get to patients quickly, assess their conditions, make them safe and involve other health and care services."

Gemma Barber - Clinical Lead Matron

One team with the same goals

Work together with local councils and providers of local Technology Enabled Care (TEC) providers and reduce the demand on 999 ambulance services through the re-direction of appropriate patients

Our team is made up of nurses, TEC operators, social workers and therapists, who work with our intermediate care service to provide ongoing support if required. We triage, assess and support people during a crisis.

Partnering Strength

Working together we aim to enable early interventions and improve outcomes, supporting people to manage their health, wellbeing and maintain their independence.

Working closely with GP practices, North West Ambulance Service (NWAS) and Warrington and Halton Teaching Hospitals
NHS Foundation Trust



People at the Heart of Care



Benefits

As the numbers of vulnerable people living in the community grows, we are seeing a significant increase in demand for emergency services. We ensure people are supported to:

- remain at home when things start to get difficult
- recover after a fall, accident, acute illness or operation that would otherwise put them at risk of going into hospital
- reduce the risk of being admitted to hospital
- return home more quickly after a hospital stay

Creating local opportunities to collaborate...

Advocate the ask in NHSE/I's chief operating officers recent letter **Preparing the NHS for the potential impact of the Omicron variant and other winter pressures** by:

Reaching out to local councils and providers of local **Technology Enabled Care (TEC)** providers **agreeing pathways** to reduce the demand on 999 ambulance services through the re-direction of appropriate patients

Refresh your local **Directory of Services (DoS)** so that NHS Service Finder profiles are accurate, up to date and are updated to show that UCR teams will accept referrals from health & social care colleagues including TEC providers

Encourage your **TEC providers** to become **Service Finder** users via [NHS Service Finder](#)

Understand your **local responder/falls responder service provision** and how UCR can support these services in response to escalating need and

if you **are already offering UCR to TEC services and Responder** services, we would **like to hear from you** about good practice.

To find out more a guide for ICS's can be accessed on the NHS futures platform or contact:

Caroline Williams: caroline.williams59@nhs.net

Alyson Scurfield: Alyson.Scurfield@TSA-Voice.org.uk

TSA™

Thank You

NHS England and NHS Improvement



WARRINGTON
Borough Council

