

Taking
Care
Part of AXA Health



New Models of Community Care

Leveraging the power of UCRs

Identifying Frailty Earlier

Steve Gates, Managing Director – Taking Care

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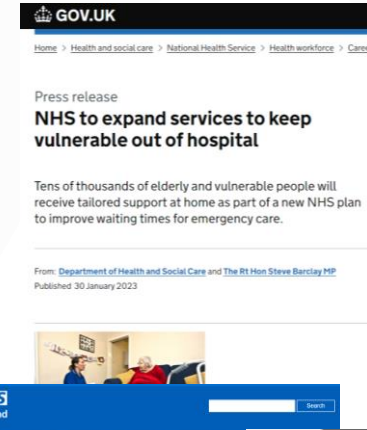
Transforming futures
through knowledge,
innovation and action



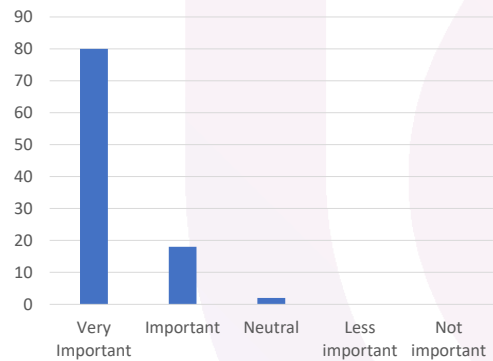
UCRs – an untapped potential?

- Part of the potential jigsaw of Service User support
- Strong Customer interest/demand

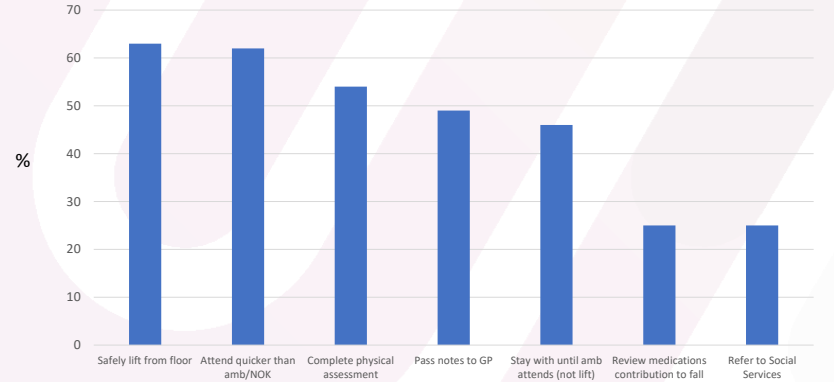
3000 calls from telecare services to North West Ambulance Service	32% (959) required conveyance to ED
A six-month audit by the North West Ambulance Service showed:	
45% (1347) were seen and treated	23% (694) 'hear and treat' disposition (referred elsewhere), or closed by the Emergency Operations Centre



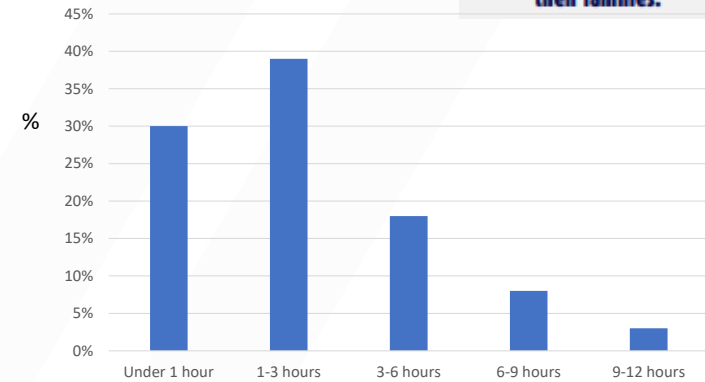
We are proud that TSA are working in partnership with the NHS to provide solutions to these pressures, whilst helping to mitigate risks to the most vulnerable people in our communities and their families.



Imagine you (or an older loved one) was in a situation where they fell at home and could not get up. If they raised a call for help through a personal alarm how important would a local responder service be?



Thinking about when you are older (or an older relative) what would be important were you to use a responder service to help you get up after a fall.

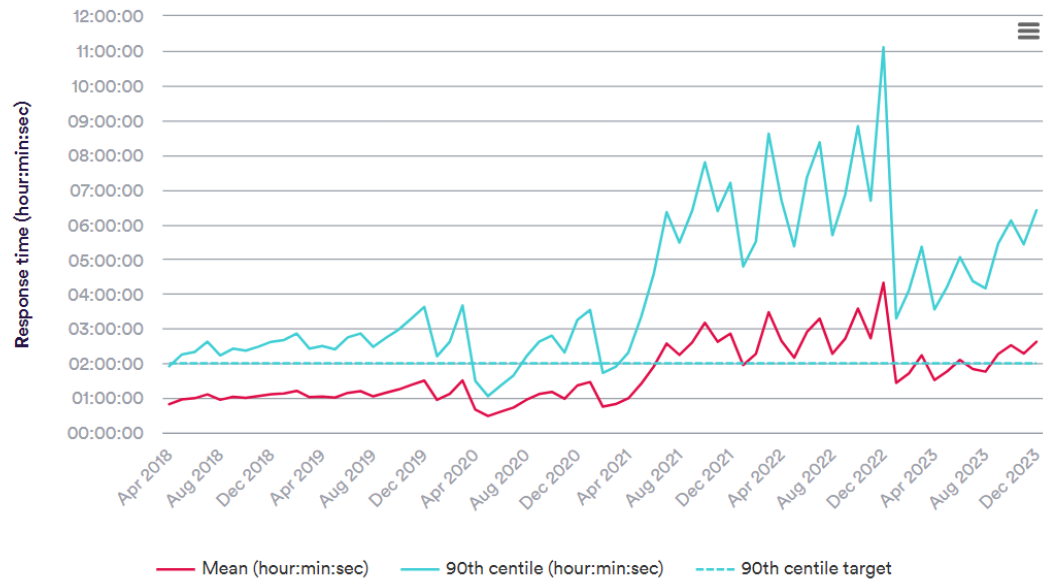


If you (or an older relative) had fallen at home and was uninjured but could not get up, what do you think the wait time for an ambulance would be?

How have response times for Category 3 (urgent) calls changed over time?

15/02/2024

QualityWatch



Copyright: Nuffield Trust & The Health Foundation

Since then, response times for Category 3 calls have deteriorated. In December 2022, the mean response time was 4 hours 19 minutes and one in ten urgent cases waited over 11 hours for an ambulance. In the following month, response times improved considerably, but performance worsened during the last few months of 2023. By December 2023, 90% of urgent cases waited under 6 hours 24 minutes (or 2 hours 37 minutes on average) for an ambulance to arrive. While this is an improvement compared with the same time last year, it is still more than four hours longer than the target.

nuffieldtrust

Evidence for
better health care

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Ambulance response times

We look at response times to ambulance calls and how many are hitting nationally set targets.

QualityWatch

UCRs: Practical Experience – one national provider

Category	
Non-Injury Falls	729
UCR not required	329 (45%)
UCR Eligible	408 (55%)
UCR called	341 (84%)
UCR attended	234 (68%)

Reasons for Non-Attendance;

- We don't accept calls from TEC providers
- We're not open currently
- No capacity at present
- We only accept referrals from GPs or the NHS
- Call 111

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Practical Experience – TSA National Providers Forum February 2024

- Recent guidance issued is highly “localised” – difficult to adopt nationally
- Local engagement is possible – but hard (one provider has successfully engaged with 24/188 UCRs)
- Inconsistency in acceptance criteria – even after TEC provider has adopted NHS Decision Support Tool
- Issues with accepting referrals from outside local geographic area
- Some success of working together with TEC local responder services

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A potential way forward

- Continued engagement with NHS England
- 100% of UCRs to accept referrals from TEC providers
- “National Provider” NHS UCR guidance – possibly supported by UCR Lead event to introduce National Providers
- TEC providers (national and local) to be willing to share demand stats with UCRs – to allow service planning – and overcome data sharing concerns
- TEC must “speak” the NHS’s language – and align to their working methods
- Specific re-confirmation of conditions that UCR will accept TEC referrals for

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“The demand curve” – identifying frailty earlier?

- 2023 - Used big Data/AI on 5 years of analogue pendant press data to identify patterns of presses that preceded Death or Moving to a Care Home
- 2024;
 - Used algorithm to identify and call “High risk” customers – with very positive feedback
 - Move More Live More NI consortium produced “clinically significant” reduction in fear of falls
- High customer interest in investing in falls-prevention
- Opportunities for proactive identification of “at risk” Service Users using TEC data – potential future demand: interoperability within Health & Social Care

Call reasons as correlated to subsequent death	Frequency trigger (how many is too many)	Monthly risk	Prediction period	Risk ratio
1. Assistance Required	3 calls or more in a month	3.1%	3 months	4.8
2. No Response	5 calls or more in a month	4.4%	1 months	4.8
3. 999 Called	1 call or more in a month	1.5%	3 months	4.8
4. Total Calls	5 calls or more in a month	1.2%	1 months	4.8
5. Test	0 calls in a month (1 or more indicates lower risk)	1.0%	12 months	4.8
6. Accidental	10 calls or more in a month	3.1%	3 months	4.8

