Northern Ireland Ambulance Service
Health and Social Care Trust

Title:	**Policy on the Identification and Management of Frequent Callers and Vulnerable Service Users.**		
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Ownership:	Medical Director		
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06/12/2018	V1.0	JS	Final Version

1.0 INTRODUCTION / PURPOSE OF THE POLICY

1.1 Background

Most individuals or organisations that contact the 999 system do so with legitimate healthcare requirements.

Identification and management of those persons / organisations who access emergency healthcare via the 999 service, on an abnormally high number of occasions can lead to the identification of individuals who are at risk, vulnerable or accessing the incorrect healthcare for their needs or the identification of organisations who have policies which over rely on the use of the ambulance service. We have a duty to safeguard vulnerable people and to ensure that other high use organisations only use the ambulance service when appropriate.

For the purposes of this policy, both individuals and organisations who access the ambulance on an abnormally high number of occasions will be referred to as "Frequent Callers".

The Frequent Caller Network (FRECaN) define frequent callers as any individual over 18, who resides in a domestic address and calls the ambulance service more than 5 times per month or more than 12 times in a 3 month period. There is no specific definition for organisations; however they will remain within the scope of this policy.

For the purposes of this policy individuals who access the ambulance service on an abnormally high number of occasions or who have been identified by another organisation as requiring multidisciplinary input to support them in the community will be known as 'Vulnerable Callers'

A Vulnerable Adult is defined as a person 'who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation.

A Vulnerable child is anyone under the age of 18 who requires protection from maltreatment; protection from impairment to their health or development; children who may not be growing up in circumstances consistent with the provision of safe and effective care or children who are suffering, or are likely to suffer, significant harm.

The Trust is committed to providing a patient centred approach, ensuring the right response to the right person at the right time and this requires NIAS to manage frequent callers. Management frequent callers will reduce strain on Emergency Ambulance Control and will increase availability of Operational resources resulting in a more timely response for other service users as well as a financial benefit to The Trust.

NIAS has a responsibility for the security and safety of patients and staff and is committed to working in partnership with third party agencies whilst adhering to the Data Protection Act 1998, confidentiality, information governance sharing protocols, Caldicott guidelines, Human Rights Act 1998 and other associated legislative bases

1.2 Purpose

NIAS currently receive approximately 2500calls per year from the top 50 frequent and vulnerable callers. Continual attendance to frequent and vulnerable callers re-enforces that their behaviours are acceptable, as well as having the potential to jeopardise their safety and the care and safety of other service users with genuine urgent and emergency care needs due to a delayed response. This policy outlines how we will identify and manage Frequent and Vulnerable Callers to NIAS in a consistent and clinically appropriate manner. It should be read in conjunction with the Frequent and Vulnerable Caller Standard Operating Procedure, which will provide a structured reporting and management procedure for all Frequent and Vulnerable Callers.

1.3 The policy aims to provide oversight as to the structured identification of frequent callers and vulnerable callers The policy is supported by a frequent and vulnerable caller Standard Operating Procedure.

2.0 SCOPE OF THE POLICY

2.1 This policy relates to Frequent Callers who are either individuals or organisations, and vulnerable individuals. The policy is relevant for all NIAS personnel.

3.0 LEGISLATIVE FRAMEWORK

3.1 NIAS HSC Trust is subject to a variety of legal, statutory and other guidance in relation to the sharing of person-identifiable data which will be required for the effective management of Frequent and Vulnerable Callers. This includes (this is not an exhaustive list):

- Data Protection Act 1998/General Data Protection Regulations
- Human Rights Act 1998
- Freedom of Information Act 2000
- Access to Health Records (NI) Order 1993
- Safeguarding Vulnerable Adults Groups Act 2006
- Mental Capacity Act 2005
- Northern Ireland Mental Capacity Act 2016 –not currently enacted
- Mental Health Act 1983
- Common Law Duty of Confidentiality

- Department of Health and Health and Social Care Protocol for Sharing Service User Information

3.2 NIAS will only share information that is necessary, proportionate, relevant, adequate, accurate, timely and secure to ensure the management of Frequent and Vulnerable Callers. The Trust will adhere to the Data Protection Act 1998, and seeks to balance the common law duty of confidentiality and the rights within the Human Rights Act 1998 against the effect on individuals or others when sharing patient information.

3.3 We will attempt to seek a patient's consent before disclosing identifiable information for purposes related to the provision of their care under the remit of this policy. Due regard will be given to involving the patient's relatives, carers or advocate, where the patient consents to that.

3.4 The particular purpose of any contemplated use for disclosure of service user information under the Frequent and Vulnerable Caller Policy will be for one of the following:

- for the ***direct care*** of that service user:
- for purposes of health and social care ***not directly related to the care of*** that service user (secondary purposes);

3.5 When making decisions about whether to disclose information about a patient who lacks capacity, we will:

- Make the care and clinical management of the patient our first concern
- Respect the patient's dignity and privacy
- Support and encourage the patient to be involved, as far as they want and are able, in decisions about disclosure of their personal information.

3.6 Decisions about how much information to share, with whom and when, will be managed appropriately and on a case by case basis. If we do not have the patient's implied or express consent, information sharing will be carried out in line with a legal or statutory requirements.

3.7 Consent is not required where there is a statutory obligation for disclosure or discretionary disclosure is justified in the public interest, for example:

- Provision of appropriate care service;
- Protecting people by identifying individuals who are at risk, vulnerable or accessing the incorrect healthcare for their needs;
- Supporting people in need;
- Supporting legal and statutory requirements;
- Reducing risks to individuals, service providers and the public as a whole;
- Safeguarding purpose.

In situations involving disclosure to protect overriding rights of patients, each case will be considered on its merit.

3.8 The Trust is fully committed to ensuring that information shared for the management of Frequent and Vulnerable Callers is shared in accordance with legal, statutory and common law duties of confidentiality.

3.9 Record Keeping, Confidentiality and Information Sharing:

- All Trust employees involved in the management of Frequent and Vulnerable Callers will be responsible for the maintenance of confidential records relating to personal identifiable information as per NIAS Policies and Procedures.
- A Trust database will be maintained for both a list of Frequent and Vulnerable Callers who have been identified and their management plans under this Policy and the associated Procedures.
- Appropriate storage of these confidential records will be maintained by the Information Department in liaison with the Frequent Callers lead.
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4.0 ROLES & RESPONSIBILITIES

4.1 There are a range of roles and responsibility in terms of this policy:

- **The Chief Executive**
  The Chief Executive ensures that the objectives of this policy are in line with the strategic objectives of the Trust. The Chief Executive delegates the day to day responsibility for establishing and monitoring the implementation of this Policy to the Medical Director.

- **The Medical Director and Assistant Medical Director**
  The Medical Director is the Trust's Personal Data Guardian (PDG) and Caldicott Guardian. The Medical Director is the Senior Responsible Owner (SRO) of this policy and has lead responsibility for overseeing the implementation of this policy. The Medical Director should provide advice to local Operational Managers as required with management of Frequent Callers.

- **The Director of Operations**
  The Director of Operations has responsibility for Operational and Control staff. His staff will be responsible for enacting this policy within their roles.

- **The Director of Finance and ICT**
  The Director of Finance and ICT is the Senior Information Risk Owner (SIRO). The SIRO has overall responsibility for managing information risk across the Trust. The SIRO will seek assurances and report to the Assurance Committee on relevant information risks relating to the management of Frequent Callers.

- **Risk Manager**
  NIAS Risk Manager has a lead role in providing advice and guidance on the risk assessment process undertaken before decisions are taken relating to the management of a Frequent Caller. This may mean supporting local management

teams and the frequent caller lead to conduct risk assessments or case management.

- **Frequent Callers Lead**
  The Frequent Caller Lead is responsible for identifying and managing Frequent and Vulnerable callers with support from the information management team and local management teams. They will liaise with the Risk Manager and Medical Director to actively manage callers when required and prepare lists of cases for review at the Information Markers group.

  The Frequent Caller lead maintain a database managing active and potential Frequent callers, Vulnerable callers and provide a record of patient contacts and individual Care Pathways where appropriate. The Frequent Caller Lead will support local management teams as appropriate and ensure compliance with NIAS Policy and Procedures in relation to patient confidentiality, safeguarding vulnerable people and information sharing and assist local management team with compliance with this Policy and associated Procedure.

- **Information Department / Corporate Manager**
  In relation to this policy responsibilities include: ensuring that information sharing is undertaken in compliance with the Data Protection Act 1998, the common law duty of confidentiality and other associated legislation bases.

  The Corporate Manager will provide guidance and oversee that access and sharing protocols for the purpose of the case management of Frequent Callers is managed in line with existing sharing information protocols.

  The Corporate Manager will also oversee the formation and maintenance of regular reports of Frequent and Vulnerable Callers.

- **Information Markers Group**
  Frequent Callers are just one situation which may merit the placing of an Information Marker. The Information Markers Group meets monthly and includes the Medical Director or Assistant Medical Director, Area Manager / Station Officer Representation, Risk Manager, and Assistant Director of Operations (Control) as well as the Frequent Callers lead Duty Control Manager.

  This group provides overarching guidance and advice on the management of information markers relating to Frequent Callers

- **Operational Line Managers / Local Management Teams**
  Operational managers should ensure that personnel report all incidents which may identify a potential Frequent or Vulnerable Caller and which can then be further investigated. . They should ensure that any required risk assessment is completed and forwarded to the Risk Manager.

  Local management teams will be expected to support the Frequent Caller Lead with case assessments, meet with patients and families, attend meetings as

required, liaise with other organisations within Health and Social Care and externally, for example, Police Service of Northern Ireland, Local Councils Support Hubs etc.

- **Operational Staff**
  Operational staff will be provided, as required, with specific information from Ambulance Control. In each individual case, it is the responsibility of operational staff to carry out dynamic risk assessment of the immediate situation and seek further support from local management or the Control Officer/Manager as required.

  All staff should report any individuals or organisations including licensed premises where they have identified a high frequency of calls using Risk Management Untoward Incident reporting mechanism. Any information received will be subject to further investigation and may or may not lead to the identification of a Frequent Caller.

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

- **Emergency Ambulance Control – Duty Control Managers**
  It will be the responsibility of Duty Control Managers to highlight any new Frequent Caller cases to the Frequent caller lead.

  It is also the responsibility of DCMs to advise and support Control staff, in line with this policy and the associated procedures. They must ensure compliance with NIAS Policy and Procedures in relation to patient confidentiality, safeguarding vulnerable people and information sharing.

- **Ambulance Control Staff**
  Control Staff have a responsibility to notify operational staff of any relevant CAD Marker relating to a frequent callers. In relation to Frequent Callers this may include informing the crew that a call has been downgraded or that only a third party call initiates a response. The associated Procedure will provide further guidance on this.

  Control personnel are also required to identify and report anyone who they believe is a Frequent Caller to the Frequent Caller Lead
  In carrying out their responsibilities in relation to Frequent Callers all staff involved should ensure processes are objective, evidence-based and proportionate. Staff also must ensure the maintenance of patient confidentiality at all times.

- **Health and Social Care Trusts / General Practitioners / Other External Stakeholders**
  If other agencies are required to be consulted regarding a Frequent or Vulnerable Caller, this will take place in line with current data sharing agreements and can take place even if the patient has not consented under Paragraph 8, Schedule 2 of the Data Protection Act 1998.

In order to effectively support a Frequent or Vulnerable Caller a multidisciplinary framework may be required including Health and Social Care Trusts, Private Care Homes and General Practitioners. This will require information sharing regarding the patient's health and social care needs in order to look for opportunities to resolve issues and look for ways to ensure appropriate response to these needs.

- **Police Service of Northern Ireland (PSNI)**
  The PSNI are currently facilitating Support Hubs through Policing with the Community. The Hubs, currently being established in council areas, allow the agencies involved to bring any vulnerable individual, with their consent, to a Multidisciplinary forum in order to support these often complex cases in a unified and effective manner. Each Agency involved has signed an agreement to facilitate the sharing / disclosure of personal data and/or sensitive personal data. The current Agencies involved are PSNI, Housing Executive, Youth Justice Agency, Education Authority Northern Ireland, Probation Board for Northern Ireland, HSC & Northern Ireland Ambulance Service. . Where appropriate, NIAS will be involved in these Hubs if frequent or vulnerable callers are identified that may benefit from inter-agency working or if individuals are brought to the Hub with consent from other agencies and they are known to NIAS as a Service User who may be vulnerable and may benefit from assistance in managing their Health Care needs. Information shared will be in line with strict consent and governance protocols.

  PSNI may also identify potential misusers of the 999 system and in line with legislative investigatory powers may work with NIAS regarding prosecution of individuals whose use of the 999 system continues to be inappropriate after all escalation levels have been exhausted.

- **Clinical Support Desk (CSD)**
  The CSD will have a role in management of Frequent and Vulnerable Callers depending on the decision of the Information Markers Group e.g. a Frequent Caller may require secondary triage by the CSD. Paramedics will undertake the secondary triage using the Manchester Triage System with the aim of providing a "hear and treat" outcome. The CSD clinician may give advice to the Control Officer either to upgrade or downgrade a call relating to a Frequent Caller.

  The CSD must record and report all individual cases of review of Frequent Callers to the FC Lead.

- **Community/Voluntary and Private Providers**
  NIAS has a responsibility to highlight Frequent and Vulnerable Caller Information Markers to voluntary or private ambulance providers. It is the responsibility of these providers to respond in line with NIAS guidance.

- **Community First Responders and specialist teams.**
  NIAS has a responsibility to highlight Frequent and Vulnerable Caller Information Markers to Community First Responders and / or specialist teams. Specialist teams include Basics doctors / HEMS / Community Paramedics. It is the responsibility of these providers to respond in line with NIAS guidance.

5.0 KEY POLICY PRINCIPLES

5.1 A referral for case management of a Frequent or Vulnerable Callers can be made by any NIAS staff member in line with the following definition agreed by the National Frequent Callers Network (FreeCan):

A Frequent caller is defined 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 from a private dwelling."***

A Vulnerable caller is defined as a person "***who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation"***

A Vulnerable child is defined as '***anyone under the age of 18 who requires protection from maltreatment; protection from impairment to their health or development; children who may not be growing up in circumstances consistent with the provision of safe and effective care or children who are suffering, or are likely to suffer, significant harm'***

NIAS staff can also report any organisation via the Risk Management Untoward Incident / Datix process if they suspect a patient they have identified may be a potential frequent/ vulnerable caller.

Caution and cognisance will be given for identified callers with underlying mental health / clinical needs.

5.2 The Information Department will produce reports as required. They will also review those addresses or premises which have been identified by frontline staff for further investigation and return all reports to the Frequent Caller Lead for further action and investigation under this Policy and associated Procedure. They will work closely with the Project Manager, Emergency Ambulance Control and other stakeholders to provide information in a secure and confidential manner.

5.3 The following may also be used to indicate the need for case management at the discretion of the Information Markers Group or at the request of local Area Management.

5.4 All potential referrals should include the patient's name and address. Additional details including an individual's date of birth and GP should be provided where known. Staff must ensure the maintenance of patient confidentiality at all times. All potential referrals will require further investigation in line with this Policy and associated Procedure and may not relate to the identification of a Frequent Caller.

5.5 Local operational management supported by the Frequent Caller lead, if necessary, will complete an assessment for submission / presentation at the next Information Markers Group. There are levels of escalation for management of Frequent Callers in order to ensure appropriate case management and actions. Please refer to the Frequent Caller Procedure for further guidance on this.

5.6 A Multi-Agency approach will enable NIAS local managers to obtain the comprehensive clinical, medical health and social background of a patient and seek information / advice from relevant Health and Social Care professionals. Local managers or the FC lead may choose to bring this individual to the local Support Hub meeting, if appropriate and employing their principles of confidentiality and data sharing. Based on this an informed decision can then be agreed as to any course of action by the Trust.

5.7 Each Patient will have an individually tailored action plan. This may in some cases be considered an emergency care component of a Community Care Plan.

5.8 As part of the case management an Individual Dispatch Protocol (IDP) may be generated via discussion with the Information Markers Group and approved by the Trust's Medical Director or delegated representative.

5.9 When an IDP is in place, calls will be monitored by the local Area Management Team and Frequent Caller as part of the case management.

5.10 Each Frequent / Vulnerable Caller will be approached by phone, or when appropriate in person, to discuss their use of the 999 system and when possible to gain consent. This contact will be followed up with a letter which will include details of the meeting or phone call and will include advice on managing their Health care needs. Potential Frequent Callers may be sent a letter advising that they have been identified as such, correspondence will include advice on how to access HSC services appropriately.

5.11 Each Frequent Caller record will be maintained and monitored on a "rolling" review basis until there has been a suitable length of time where the patient has reduced or ceased 999 call activities or their vulnerabilities have been managed.

5.12 In certain cases the Trust may pursue legal action against a Frequent Caller, once all other options have been exhausted and in consultation with any involved parties including Medical Director, Legal Services and other Senior Managers. This may include liaison with PSNI.

5.13 This Policy and associated Procedure should be read in conjunction with other Trust policies and procedures including but not exclusively, Information Governance Strategy and Policy, Data Protection Act 1998 Policy and Procedure, Information markers, Records Management Strategy and Policy, Department of Health and Health and Social Care Protocol for Sharing Service User Information for Secondary Purposes, Safeguarding, Health and Safety, Zero Tolerance; Incident Reporting and Investigation and Clinical Records Policy.

5.14 Correspondence with a patient, who is being managed as a Frequent Caller, must include notification of the opportunity for appeal. If a request is made in writing for the case to be reviewed under appeal the Medical Director shall delegate the review to a senior manager. Any findings or recommendations will be discussed by the Medical Director and the local manager (and if appropriate, the Information Markers group) and recommendations either adopted, or challenged with further evidence.

6.0 IMPLEMENTATION OF THE POLICY

6.1 Dissemination

This policy will be disseminated to all those responsible for policy development and review via email and will be included on the Trust's intranet site. Managers will be responsible for cascading this information to their staff.

It will also be disseminated to voluntary and private ambulance providers who provide services on behalf of NIAS.

6.2 Resources

The identifiable resources required for implementation of this policy include development of appropriate reports, development of a suitable database, allocated time for the Frequent Callers lead to carry out their role of case management with support where necessary from local management teams .

6.3 Exceptions

There are no exceptions to this policy.

7.0 MONITORING

7.1 All Trust policies will be monitored to ensure compliance with this policy through the policy development and review process.

8.0 EVIDENCE BASE/REFERENCES

- DHSSPS Code of Practice on Protecting the Confidentiality of Service User Information (2012)
- Department of Health and Health and Social Care Protocol for Sharing Service User Information for Secondary Purposes
- London Ambulance Service Policy and Procedure for the Management of Frequent and Vexatious Users
- East of England Ambulance service Policy for the Management of Patients with defined Individual Needs
- JRCALC UK Ambulance Services Clinical Practice Guidelines 2016
- Working Together to Safeguard Children 2013

9.0 CONSULTATION PROCESS

9.1 Operational staff, Senior Executive Management Team, Staff-Side organisations have all been asked to comment on this policy

10.0 EQUALITY STATEMENT

10.1 In line with duties under Section 75 of the Northern Ireland Act 1998; Targeting Social Need Initiative; Disability Discrimination Act 1995 and the Human Rights Act 1998, an initial screening exercise, to ascertain if this policy should be subject to a full impact assessment, is to be carried out.

10.2 The outcome of the screening exercise for this policy is:

Major impact	☐
Minor impact	X
No impact.	☐

11.0 SIGNATORIES

Joanna Smylie

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