Falls Rapid Response Team:

The integrated Ambulance and Urgent Care Service Model in Nottingham

**Carol Foster**  
Locality Manager - Adults North, Nottingham CityCare Partnership  
carol.foster@nottinghamcitycare.nhs.uk

**Uta Khendek**  
Business Development Manager – Operations, East Midlands Ambulance Service  
uta.khendek@emas.nhs.uk
Addressing the largest 999 demand group in an innovative way:

- 13.6% of all 999 calls are ‘Green’ Falls
- Repeat falls common pattern
- Most are elderly, many frail elderly
- High A&E attendance and associated admissions rate
- Numerous attempts at addressing falls had not made large impact
- Paramedics lacked confidence to leave elderly falls patients at home

![Falls patients seen by age group (%)](chart.png)
Aiming to keep patients in the first four components

1. Age well and stay well
2. Live well with one or more long-term conditions
3. Support for complex co-morbidities/frailty
4. Accessible, effective support in crisis
5. High-quality, person-centred acute care
6. Good discharge planning and post-discharge support
7. Effective rehabilitation and re-ablement
8. Person-centred, dignified long-term care
9. Support, control and choice at end of life

Shift to prevention and pro-active care

10 integrated services to provide person-centred care
Previous service delivery for 999 Falls patients:

- Ambulance Control Centre
- Ambulance Response
- 50% taken to ED

ED

- Acute admission
- Discharge home

Further Falls

999 Falls Patient

‘3 falls resulting in a fracture’ currently common pattern

---

Primary care services

Urgent Care Service

Social services

---

East Midlands Ambulance Service

CityCare Partnership

NHS Trust
‘Wrapping’ service design around the patient:

- Commission EMAS to be lead provider
- Commission NCCP to provide Assistant Practitioner

- Ambulance Control Centre
- Access to ambulance to transport to A&E
- Care pathways
- Specialist non-conveyance Vehicle
- Lifting & handling equipment
- Assistant Practitioner
- Paramedic
- Falls Patient

- EMAS
- Urgent Care Service
- Clinical & corporate governance
- Social services
- Primary care services

East Midlands Ambulance Service
NHS Trust
Nottingham City Clinical Commissioning Group
CityCare Partnership
Nottingham
Meet the Falls Rapid Response Team:

- Service Hours 9.00 – 21.00hrs 365 days / year
- Started April 2013
- Specialist non-conveyance vehicle
- Paramedic response kit and lifting & handling equipment
- Joint training
- Paramedic band 5 & Assistant Practitioner band 4
Patient Benefits:

- Integrated emergency, health and social care assessment reduces future falls.
- On average 71.6% treated at home, a 21.6% increase from baseline. (January – March ’14)
- Improved access to community pathways
- Reduce ED attendance and associated acute admissions
- Promotes independent living
- High patient and carer satisfaction
Benefits to the wider health and social care community:

- Reduce demand on ED & associated admissions saving £377,000 pa acute costs at current non-conveyance rate
- Reduce admissions to residential care as a result of a fall – model suggests 15 avoided admissions
- Large economic savings across the health and social care community valued at £1.78 m pa

Benefits to Provider Organisations:

- Reduce future demand pressures through early intervention
- Reduce conveyance to ED, freeing up core ambulance crews
- Gained experience and knowledge in integrated partnership working
Future opportunities and national potential:

- Working with Council’s **Public Health Team** to model and build case for expanded 24/7 service
- Expanded model would meet **8.15% of all 999 demand** (Remaining 5.45% of green falls covered by core crews)
- For every **£1 spend on this falls team over £5 are saved** across health & social care community
- EMAS **regional** non-conveyance Green Falls 42%
- Aligned to **Better Care Fund** agenda
- **Independent evaluation** led by CCG
- **Influence commissioning agenda** – whole system model
- **Share good practice for fast adoption and spread**
Service Development Process ... a journey ...

- Shared recognition of common problem
- Demand analysis
- Service design workshop – key design features
- Options appraisal
- Agree final Service Specification
- Business cases & CCG agree funding
- Agreed separate ‘direct’ commissioning arrangements
- Providers: Corporate & clinical governance, operational MOU, EOC (999 Control) protocol
- Mobilisation plan (4 months) - Vehicle, equipment, staff, shared training
... a journey ... into the unknown ...
Lessons Learnt:

Don’t start with a solution - Understand the problem

Early involvement of providers

Keep the patient at the centre

Successful Partnership working:
- Culture of interest in collaboration
- Open communication
- Patient focus

Integrated team success:
Through shared training and working together.

Integrated partnership working can be achieved within current structures & processes!
What our patients & carers wrote:

“This team was exactly what my friend needed tonight as well as lifting her body they also lifted her spirit with their friendliness.”

“Your work is very much appreciated. The Falls team is an excellent idea, I hope it is a great success”

“The comprehensive nature of the checks made was exceptional and clearly aimed at preventing future occurrences, a very worthwhile objective.”