



Frequent callers briefing from London Ambulance Service

Introduction

As we approach winter, LAS believes there is an opportunity to work with ICBs to better support high-intensity users and reduce both calls to 999 and admissions to emergency departments.

The data shows that, while the number of people who meet the high national definition of frequent caller may be relatively small, their aggregated effect on London's UEC system is significant – for primary care, 999 and our hospitals.

We believe what would help is if we collectively redouble efforts to support all parts of the system with high intensity users with a specific aim of increasing the proportion of 999 frequent callers with universal care plans (UCPs).

What we know about frequent callers

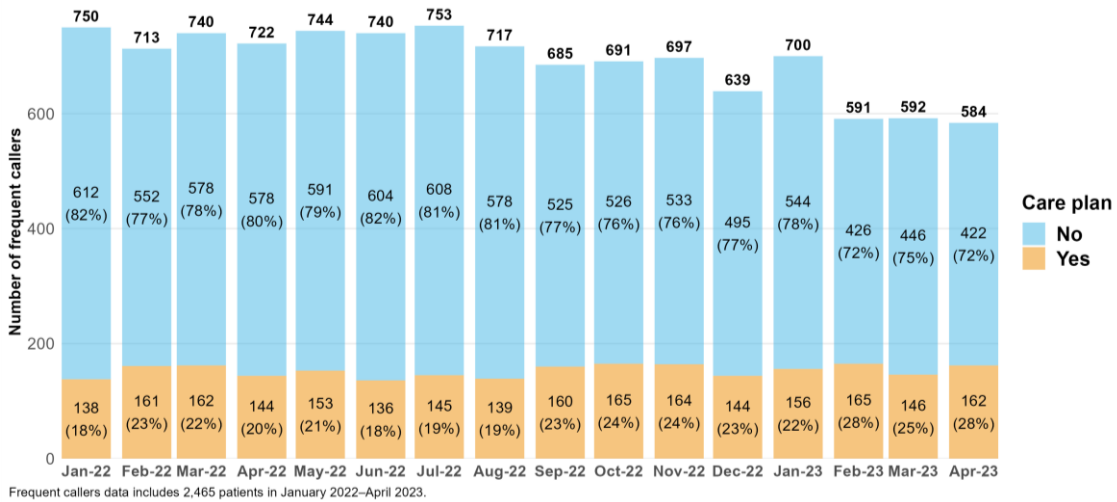
Attached with this briefing is a data pack which includes LAS exploratory analysis of frequent callers. Here we highlight key findings and observations as follows:

- High intensity users generate **significant demand across the UEC system** - in August, we had 700 patients who met the national ambulance definition of a frequent caller. In total this cohort made just over 7,500 calls to LAS – an average of 11 calls per caller – with 1,300 of these resulting in a patient being conveyed to ED.
- Many across the system have recently been focussing on the role of universal care plans (UCPs – see information at the end of this briefing) in managing high intensity users, and the number of UCPs are steadily increasing: **18% of all LAS frequent callers with a plan in January 2022 rises to 28% in August 2023.**
- There are indications that the number of care plans is reducing the number of high intensity users overall. **The average number per month across Q3 of this year, 673, is 6.5% lower than the average of 720 across Q3 of the previous year.**
- Our on the ground experience with patients shows that the benefits are clear: high intensity users with universal care plans are less likely to maintain high call volumes for a long time, are **less likely to be conveyed to hospital**, and require less time from our crews on scene per incident, freeing ambulances for other patients sooner.
- At a system level, there are strong indications that **care planning has had a positive impact on overall system recovery post Covid-19.**



- With **only 28%** of all ambulance service frequent callers having a UCP, we believe there is key opportunity to build collective resilience ahead of winter as well as provide better care to patients.

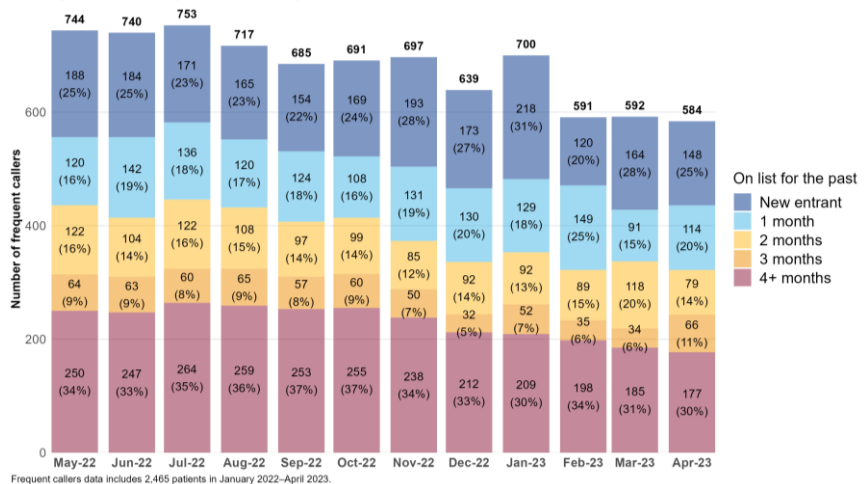
Monthly number of frequent callers, Jan 2022–Apr 2023



Our data shows further insight into our frequent callers, showing that by reaching more individuals, the potential reduction in number of calls is significant:

- Each month, about a third of frequent callers were also on the list for all of the past 4 months or more. A quarter were new entrants.

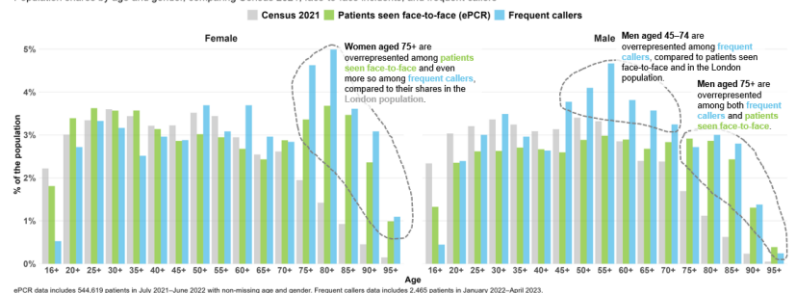
Monthly number of frequent callers, May 2022–April 2023



- Frequent callers tend to be overrepresented among **people aged 75+ and men aged 45+** compared to the general population in London.

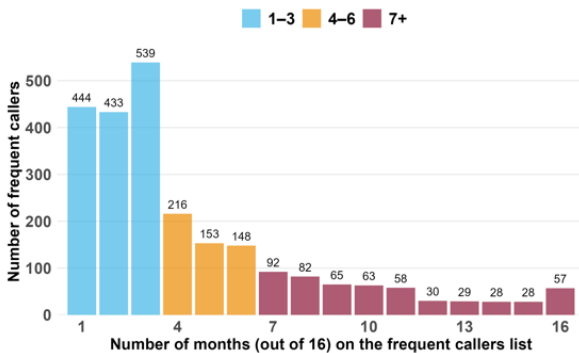
Comparing the age and gender breakdown of frequent callers to patients seen face-to-face and the general population in London, frequent callers tend to be overrepresented among people aged 75+ and men aged 45+ compared to the general population.

Frequent callers tend to be overrepresented among people aged 75+ and men aged 45+ compared to the general population. Population shares by age and gender, comparing Census 2021, face-to-face incidents, and frequent callers



- During the 16-month period January 2022–April 2023, frequent callers were on the list for an average of 4.5 months. Frequent callers who were on the list for 7+ months made an average of 12 calls per month, vs 7 calls per month for those on the list for 6 months or less.

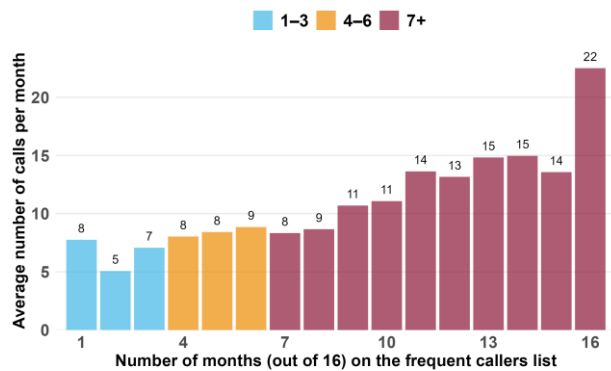
In the 16-month period Jan 2022–Apr 2023, frequent callers were on the list for an average of 4.5 months



Frequent callers data includes 2,465 patients in January 2022–April 2023.

The median number of months that frequent callers were on the list was 3 months.

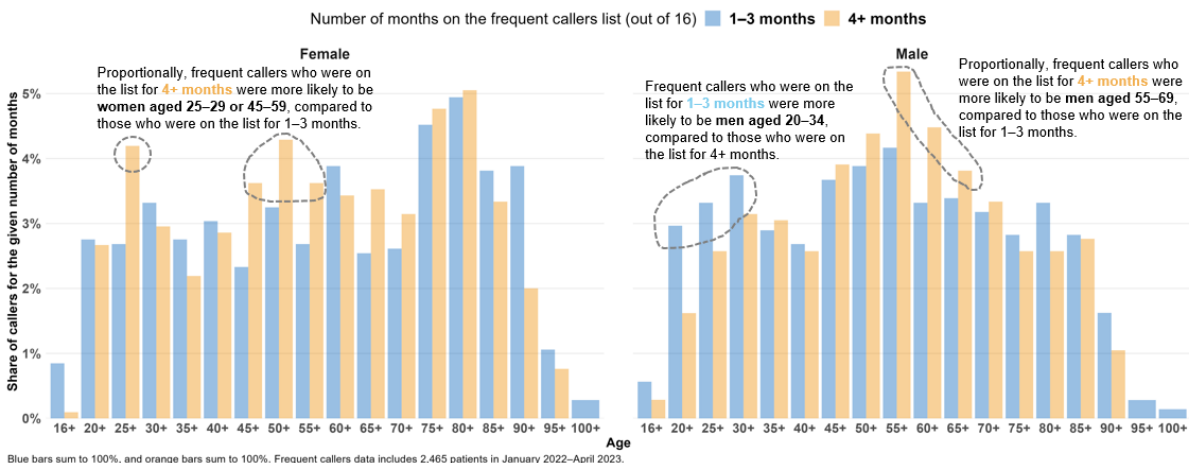
Frequent callers who are on the list for longer tend to make more calls per month



Frequent callers data includes 2,465 patients in January 2022–April 2023.

- Proportionally, frequent callers who were **on the list for 4+ months (out of 16 months)** were more likely to be **aged 45–69** and **women aged 25–29**, compared to those who were on the list for 1–3 months. Those who were on the list for 1–3 months were more likely to be men aged 20–34.

Shares of frequent callers by age, gender, and number of months on the list



The role of UCPs in supporting frequent callers and reducing pressure on the system

LAS has a frequent caller team that works with all system partners to better understand this patient group, and particularly to understand unmet needs. Often there are simple ways we can modify the way that the health and social care system interacts with these patients.

UCPs list a patient's care and support wishes, which have been put together with a clinician. They therefore provide vital care information to clinicians in our control rooms and on the road, allowing us to answer these patients' needs more appropriately, thereby avoiding unnecessary calls, attendances and conveyances.



When our frequent caller team identify a new frequent caller, our communication with their GP will always include a recommendation that a UCP is created, but this does not always happen.

How ICBs can help

We believe there is significant space to increase the uptake of UCPs and we would be keen to meet with representatives from ICBs to discuss the ways we could work together. This could include mandating, incentivising, or otherwise supporting the creation of UCPs for the benefit of the whole system.

Actions to consider might include:

- Targeting communications via primary care networks to GPs to explain the issue and provide signposts to the UCP system, training etc.
- Promoting the review of UCP content to ensure it is optimised for paramedics.
- Empowering clinical colleagues in HIU services or ED frequent attender forums to directly create UCPs for ambulance frequent callers.
- Providing a framework for the escalation of concerns where particularly challenging frequent callers do not have UCPs.

If you would be willing to work together on encouraging and incentivising the use of UCPs, or would like more information, please contact Alan Hay, LAS Head of Frequent Caller Team via alan.hay3@nhs.net.

What is a Universal Care Plan?

The universal care plan is an NHS service in London which enables patients to have their care and support wishes digitally shared with healthcare professionals across the capital. A care plan is created following a conversation between a healthcare professional and the person in their care. Most frequently they are created by GPs, but they can be created by other clinicians.

System benefits include:

- Providing guidance and support to allow paramedics to safely take courses of action other than conveyance where appropriate.
- Providing further information and clarity to emergency professionals regarding the diagnosis and prescribed medications of patients.
- Providing information and contacts of professionals already involved in a person's care.
- Stating patient's wishes and any do and don'ts when providing them with care.
- Highlighting and flagging essential information regarding risks or disability.
- Sharing emergency contacts of patients.
- Ensuring patients receive the correct level of emergency response appropriate to needs.

Information about UCP and training material is available through the One London website [here](#)

