



# Policy for the Management of Patients with Defined Individual Needs

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Version	Date	Comments (i.e. viewed, or reviewed, amended approved by person or committee)
V 1.2	26/07/2017	Amendment completed
V 1.3	25/09/2017	Revised draft – ARP changes
V 1.4	09/10/2017	Safeguarding Team comments
V 1.5	16/10/2017	Clinical review
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V3.1	01/10/2021	Condensed section around <18's pending national review & guidance
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V3.2	01/02/2022	Recommended by EOC Clinical Review Group
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<b>Equality Analysis</b>	Completed
<b>Linked procedural documents</b>	Computer Aided Dispatch (CAD) Markers Policy Safeguarding Adults Policy Safeguarding Children & Young People Policy Capacity to Consent Policy. Complaints Policy Data Protection Policy. Information Governance Policy. Patient Care Record Policy. Safe Non-conveyance & Discharge Policy.
<b>Dissemination requirements</b>	All managers and staff via email and intranet. To be published on the Trust's public web site
<b>Part of Trust's publication scheme</b>	Yes

## POL038 – Policy for the Management of Patients with Defined Individual Needs

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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## 1. Introduction

East of England Ambulance Service (EEAST) is committed to providing a patient-centred and clinically appropriate service to the patients it serves, ensuring the right response to the right person at the right time.

A wide range of people rely on the 999 service we provide for an emergency response to serious and life-threatening conditions. The majority of patients can be treated with the principles and practices of assessment and care that are laid down in core training.

There are, however, a group of service users who use the 999 emergency service significantly more frequently than others, when they might benefit from an alternative pathway of care and this can have a significant impact on EEAST resources, both within the Emergency Operations Centre (EOC) and in operations. Some patients will have conditions that require assessment and treatment that is unfamiliar to ambulance personnel.

There may be new guidance on specific treatment for certain conditions that require a specific reminder to crews to ensure that best practice is adhered to.

The patients concerned may:

- Have a long-term condition with an acute exacerbation or require support to manage their condition appropriately at home.
- Be experiencing a specific episode of ill-health or difficulty.
- Have unmet social, physical or mental health care needs.
- Have alcohol and substance misuse-related issues.
- Be unaware of more appropriate entry points into the NHS.

Not all of these callers require an emergency response from an ambulance-based clinician. They may call a substantial number of times per 24-hour period, involving call handlers, Clinical Advisory Service (CAS) and emergency responders.

This Policy outlines the ways in which EEAST can determine, agree and mobilise appropriate alternative care pathways for people calling 999 regularly, frequently or with very specific and defined needs that may not be covered in core training.

## 2. Purpose

### 2.1 Strategic aims

The aim of this Policy is to create a consistent and clinically appropriate approach to managing and supporting people who use our service and would benefit from having an individual management plan to identify and meet their unmet specific health and social care needs.

### 2.2 Objectives

The objectives of the Policy are to:

Achieve an appropriate care pathway for all service users however complex their care needs are, by:

- Defining an agreed process for identifying such callers.
- Developing appropriate alternative pathways of care or care plans for these callers.
- Creating a local multidisciplinary approach to managing identified patients involving local health and social care providers and commissioners.
- Tracking callers and identifying such callers that may be at risk or have a safeguarding concern and to inform a multi-agency team regarding alternative support.
- The team will take into account any health inequalities identified during the referral and assessment process.

## 3. Duties

### 3.1 Medical Director/Associate Medical Director.

The Medical Director has delegated responsibility for the management of clinical standards. They are also responsible for the national clinical performance indicators, pre-hospital clinical care and research. The Associate Medical Director has overall responsibility for the individual frequent caller and patient specific protocols (PSPs) management plans agreed within the scope of this policy.

### **3.2 Operational and Clinical Staff**

Operational and clinical staff have responsibility for identifying and reporting potential patients that would benefit from an individual management plan and fulfilling any care plans developed in respect of individual patients.

### **3.3 Frequent Caller Lead**

The Frequent Caller Lead is responsible for the management of frequent callers within EEAST. They will meet with the Associate Medical Director monthly to review frequent callers and manage frequent callers in line with this policy. They will also be responsible for managing the Frequent Caller Team and delegating roles in line with this policy, attend meetings and manage frequent callers within the scope of this policy.

### **3.4 Complex Case Lead**

The Complex Case Lead is responsible for the management of complex case's within EEAST. They will meet with the Associate Medical Director bi-monthly to review & manage patients in line with this policy. They will also be responsible for managing the CAD flag Team and delegating roles in line with this policy, attend meetings and manage complex cases within the scope of this policy.

### **3.5 Emergency Operations Centre**

The Emergency Operations Centre (EOC) has responsibility for day-to-day call handling and dispatch for these patients within the scope of this policy.

### **3.6 Safeguarding Team**

The Safeguarding Team will work alongside the Frequent caller team and will review all under 18 frequent caller patients. If there are safeguarding concerns regarding over 18 patients or establishments, there will be regular contact between the teams. A regular meeting to discuss all high risk concerns will take place and allow for regular review around the process of managing these defined individuals. This will fall to the Frequent and complex case leads, alongside head of safeguarding or suitable deputy.

### **3.7 Clinical Navigators**



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The Clinical Navigator team are responsible for the clinical assessment/management of these patients at the point of call within the scope of this policy and for the implementation of this policy.

### **3.8 Committee Structure**

#### **3.8.1 EOC Clinical Advisory Group**

This group meets bi-monthly and reviews all clinical elements within the EOC. This group will receive KPIs/Audits from the Frequent caller/Complex case leads for review/noting.

#### **3.8.2 Compliance and Risk Group (CRG)**

The Compliance and Risk Group (CRG) will review the clinical activity provided by the Trust and ensure that all underlying processes fully support staff to provide high quality patient care. This includes clinical effectiveness, safeguarding children and adults, clinical audit and clinical standards. The CRG will monitor and report clinical issues and risks in relation to this Policy to the Patient Safety and Clinical Risk Group. CRG will provide assurance that service provision which impacts on the patient's experience is monitored so action can be taken as and when necessary to improve the standard of patient care and reduce clinical risk.

### **4.0 Definitions**

For the purposes of this Policy, a person may be defined as using the service regularly or frequently if they call:

- Adults > 18 Years from a private address:
  - 5 or times in a Calendar month period.

At present, there is no set criteria or definition for this cohort, however any <18 patients with a high call volume are highlighted to the FC and Complex Case Leads for review, who then liaises with the Trust Safeguarding team +/- Mental

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Health as appropriate. Where appropriate these patients will be subject to a frequent caller plan.

### 5.0 Development

#### 5.1 *Prioritisation of Work*

A wide range of people rely on the 999 service and we provide for an emergency response to serious and life-threatening conditions. The majority of patients can be treated with the principles and practices of assessment and care that are laid down in core training.

There are, however, a group of service users who use the 999 emergency service more frequently or regularly than others, when they might benefit from an alternative pathway of care and this can have a significant impact on EEAST resources, both within the EOC and in operations.

This policy has been developed to ensure these patients are appropriately managed.

#### 5.2 *Identification of Stakeholders*

The stakeholders identified as being affected by this policy are as follows;

- Patients
- Trust Staff – EOC & Operational
- Safeguarding Team
- Mental Health Team
- Other Health Care Professionals
- NHS Professionals including Commissioners
- NHS Professionals
- Local Authority
- Police

### 6.0 Identification of Patients with Individual Needs

#### 6.1 *Identification of Frequent callers*

Callers can be flagged as frequent callers though:

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- A report on PowerBI, identifying frequent callers by Integrated care board (ICB) area.
- Individual Name, Date of Birth, Gender and Address identified from PCR (Patient Care Record) or CAD reports.
- Contact with other agencies or providers, from both internal and external incident groups (Datix, operational crews, call handlers, CAS Clinicians etc.), from other work streams or through the Trust's Patient Advice & Liaison Service (PALS) and safeguarding team.

### **6.2 Identification of Patients with Complex Medical Needs**

Patients with complex medical needs will primarily be notified to the Trust through contact from the patients GP or specialist on an individual basis.

A small number of patients may communicate directly with the Trust about their clinical condition. The accuracy of the information provided will need to be triangulated with either primary or secondary care professionals.

There are some groups of patients with a specific condition whose care is coordinated through specialist clinics and the Trust may receive information on the whole group of patients.

Additionally, patients with complex clinical needs may be identified through contact with other agencies or providers, from both internal and external incident groups (Datix), from other work streams or through the Trusts Patient Advice & Liaison Service (PALS) plus the safeguarding team.

## **7.0 Managing Frequent and Complex Callers**

### **7.1 Management of Frequent Callers >18 years:**

As per the Frequent Caller Ambulance National Network (FreCaNN) Best practice guidance, the nationally agreed definition of a frequent caller is: An individual aged 18 or over who makes five or more emergency calls relating to individual episodes of care in a month. All patients identified with a clear medical condition or need, will be passed to the Frequent Caller/ Complex Case Lead for further review, assessment, and appropriate action as necessary. Individual patients identified by the Frequent Caller Team namely via monthly reports generated by Informatics, operational and EOC staff referrals and external stakeholder referrals

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- A GP assistance notification for newly identified patients will be raised via SPOC, however if social or safeguarding issues are identified then appropriate referrals will be made in line with current Safeguarding procedures.

The Frequent Caller Team will coordinate initial registration and review of patients with complex medical needs.

### **7.2 Management of Frequent Callers <18 years:**

Within EEAST has been agreed that the Frequent caller and Complex case Leads will review all Under 18 patients highlighted and refer to the Safeguarding team and other internal and external stakeholders as appropriate.

- Individual patients identified by the Frequent Caller Team namely via monthly reports generated by Informatics, operational and EOC staff referrals and external stakeholder referrals
- A GP assistance notification for newly identified patients will be raised via SPOC, however if social or safeguarding issues are identified then appropriate referrals will be made in line with current Safeguarding procedures.

The Frequent Caller Team will coordinate initial registration and review of patients with complex medical needs.

### **7.3 Deceased Patients and complaints process:**

Where it has been identified that a patient being managed by the Frequent Caller Team has died, the Frequent Caller Lead will review all such cases.

A Datix report will be generated by the Frequent Caller Lead and reviewed by the Patient Safety Team where:

- The patient was on a triage management plan and EEAST has had contact within 7 days prior to their death
- The patient was not on a triage management plan and EEAST has had contact within 24 hours of their death

The Frequent Caller Lead will then support in any subsequent investigation process where required.

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All Complaints and Patient Safety Incidents are reported, investigated and managed in accordance with the SI, Duty of Candour and Complaints and Compliments Policies.

The frequent caller and complex case leads will Liaise with relevant leads, when needed, to ensure feedback is sought and learning from events can take place.

### 8.0 Management Process of Frequent Callers >18 years

All contacts with the patient will be reviewed and an “event history” compiled which will be stored on the Datix system under Progress Notes. This review, where appropriate, can include the Safeguarding Team, local Operational teams and other Health Care Providers.

Following a review of the individual need the Frequent Caller Lead will be responsible for liaising appropriately with Trust teams in line with the process as identified below.

#### 8.1 Stage One (Frequent Caller – Low level activity)

Once identified all frequent callers will be categorised into a coloured, tiered system. The tier will be based on call volume and will be as follows:

Tier	Call volume Over 3 months	
	Min	Max
Green	5	15
Amber	16	24
Red	25	49
Black	50	+

This tiered system will allow the Frequent Caller Team to prioritise workload. For the green tier patient, the Frequent Caller Team will send out a ‘Green Tier’ advisory letter along with the ‘Choose Well’ leaflet to the patient. The team will also send a letter to the patient’s GP advising of the interaction with the ambulance service. These letters will encourage both the frequent caller and the GP to arrange a face-to-face meeting to assess the patient’s current health needs. Green tier frequent callers will then have their activity reviewed at a maximum of three months after this initial letter is sent. If by 3 months the volume of calls has increased, and the criteria is still met for a frequent caller, a management plan will be implemented (as per stage two below). These letters

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can be found in the Management of Patients with Defined Individual Needs Toolkit.

### **8.2 Stage Two (Frequent Caller – Inappropriate use of the service)**

Trust representative liaises with appropriate Healthcare Professional (GP/Community Service), discussing the patient's activity and health & social needs via email, telephone contact or face to face meeting. A patient can also be referred to the local High Intensity User (HIU) forum if one exists, if there are issues receiving a timely response from primary care or other HCP and internal escalation is required. Acknowledgment is sought on the most appropriate management of the patient, and a Management Plan is formulated (standard plans in Toolkit) with the appropriate Healthcare Professional(s) knowledge.

Once a plan has been approved, an appropriate CAD Flag will be added to the system in accordance with the Cad Marker policy. This ensures the patient is highlighted as a Frequent Caller, allowing the appropriate plan to be implemented.

In line with the Frequent caller Plans outlined within their policy, CAD Marker team will check the appropriate system every 6 months and remove if the patient is deceased or has moved out of our operational area. If the marker is still valid, it will be extended for 6 months and the process repeated.

All plans must have Associate Medical Director sign off before implementation or their nominated deputies, or the Medical Director.

For all new frequent callers identified, the Frequent Caller Team must contact SPOC to complete a GP Assistance referral as minimum.

These plans will remain in place indefinitely or until the patient is no longer considered a frequent caller of the service or their situation changes. This will be monitored during the 6-month review.

## **Frequent Caller Plans**

Each time a call is received the Clinical Navigator or CAS will be notified. The call will be reviewed by the Clinical Navigator or CAS to ensure we are clinically safe. The demand on the service and the agreed plan will be reviewed every 6 months.

If the call is made by an HCP then the Clinical Navigator or CAS will have a discussion with the HCP at the time of the call to discuss the patient and any previous call history.

### **1) Time Specific Management Plans**

All emergency calls relating to this address, phone number or when identified as the frequent caller will be triaged in ambulance control as per EOC call handling process. Any call prioritised as a life-threatening emergency (Category 1) will be responded to in line with resource allocation.

Following confirmation that there is no immediate threat to life the call will be passed to an CAS clinician within the control room to triage further (Category 2-4) and the response stood down.

The CAS clinician will contact the patient within the call category timeframe and triage the patient further with a full range of responses and dispositions available – Surge dependent.

The patient may be encouraged to access alternative pathways or use home treatments; no ambulance response will be dispatched.

If attendance is deemed appropriate the patient will receive a maximum of one face to face assessment per 4/8/12/24-hour period (delete as appropriate).

### **2) Triage Every Time Management Plan**

1. All emergency calls relating to this address, phone number or when identified as the frequent caller will be triaged in ambulance control as per EOC call handling process.
2. Any call prioritised as a life-threatening emergency (Category 1) will be responded to in line with resource allocation.
3. Following confirmation that there is no immediate threat to life the call will be passed to an CAS clinician within the control room to triage further.

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(Category 2-4) and the response stood down.

**4.** The CAS clinician will contact the patient within the call category timeframe and triage the patient further with a full range of responses and dispositions available – Surge dependent.

Extra steps can be added into the plans to manage individuals more appropriately, including as an example (but not an exhaustive list):

**Step 10-** The Trust will not take calls while the frequent caller is being abusive or using inappropriate language towards our staff on the phone and will terminate these calls after one warning.

**Step 11-** If when the frequent caller calls, if they do not answer return phone calls after 3 attempts, then the event will be closed and no further contact will be made until the frequent caller rings again.

**Step 12-** If the frequent caller refuses to attend hospital during the telephone triage, then no ambulance will be sent.

**Step 13-** If the frequent callers address is attended and they are abusive, aggressive, or threatening, the crew will take appropriate action and register the incident on Datix for follow up investigation. This will be classed as one ambulance attendance in 24 hours.

The 24-hour period starts from when the patient has been last triaged either by a clinician in EOC or on scene, not from the call time.

EEAST will write to the patient advising them that they have been using the service frequently or regularly, including information on when and how to use our emergency service and other options available locally (Choose Well Leaflet). They will also be notified that the East of England Ambulance Service will be holding a record of their interaction with the ambulance service and that we will be reviewing their management plan with their GP and / or other agencies (using the standard letter templates).

### **8.3 Stage Three (Frequent Caller - 6 Month Review)**



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The management plan will be reviewed every 6 months, and the plans will remain in place until it is deemed reasonable for it to be removed.

If there is no improvement at this review the Frequent Caller Lead or Frequent Caller clinicians may call a multidisciplinary team meeting (MDT) to discuss an action management plan for the individual patient. This process could happen before the 6-month review period is due if there is an adverse impact on the Trust. This can be identified by the monthly reports on PowerBI, contact with other agencies or providers, from both internal and external incident groups (Datix), from other work streams or through the Trust's Patient Advice & Liaison Service (PALS). The patient will be notified in writing informing them of this action if anything within the plan type has changed. The Trust may meet with the patient as part of the MDT or as a separate meeting to discuss their call volume. In the first instance, this would be discussed by the Frequent Caller Lead and local Operational Management.

The Datix record will be updated with any changes and the CAD flag on the patient's address updated if necessary. Calls will be managed in line with the agreed plan.

### **8.4 Stage Three (Frequent Caller – 1 Year Review)**

If no reduction in the frequency of calls is achieved, the case should be reviewed by the Frequent Caller Lead and Associate Medical Director and a recommendation made to the Trust to either:

- Have a further urgent case review and multidisciplinary team meeting
- Write to the patient advising them that we will be taking further action – court action / injunction, police involvement, etc.
- Meet with the patient
- Consider court action / injunction

### **8.5 Temporary Plans**

Out of hours it may be appropriate to instigate a Temporary Management Plan due to:

- Excessive 999/111 calls are being received from a caller(s)
- Multiple Ambulance attendances and / or CAS Triages
- Relevant HCP may not be contactable

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- Disruption to EEAST service provision

Two Clinical Navigator or a Clinical Navigator and the SOCM Clinical Services/EOC COM/Frequent Caller Lead can put a Temporary Plan in place, but only after an operational crew or RRV has attended and fully assessed the patient and fed back directly to the Clinical Navigator.

A TET or 1 in 4 plan will be selected and implemented. A SPOC referral for a GP assist must always take place at the time. It is imperative that when the first in hours Clinical Navigator / Frequent caller Clinician / Lead is on duty they speak to the frequent caller's appropriate HCP and a review is undertaken for the need of a permanent plan. Temp plans should be sent via email using the Temporary Plan letter template.

All Temporary Plans must have a Frequent Caller Risk Assessment completed. All clinical risk sits with the Clinical Navigator until review by Frequent caller lead.

### **8.6 Frequent caller data**

Frequent caller and complex case Data will be held within the appointed shared drive folder with restricted access. This ensures EEAST has the most up to date and comprehensive information, to form safe and robust plans. When no longer active, the folders will be filled in a 'No longer active' folder. The datix system is used as a confidential form, to hold patient notes for both Frequent callers and complex case patient, with restricted access.

## **9.0 Management of Patients with Complex Medical Needs**

On receipt of patient specific plan/information the complex case lead will coordinate the initial investigation and review the documentation. A CAD marker will be written and actioned in accordance with the CAD markers policy. An S drive folder will be created and the information will be accessible to limited approved staff.

It is important that safe, effective, well governed & appropriate processes are in place. We know that coordination of care & lack of stakeholder agreement are

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2 major issues that impact on patients with complex needs. It is vital that EEAST play a role in supporting these patients.

HCPs who are responsible for these patients plans will be accountable for updating EEAST on any changes or alterations required to these plans. Typically these will be reviewed every 2 years.

**Patient Specific Protocols (PSPs)** - There are a number of patients who benefit from an EEAST PSP. If the patient has a specific medical condition or should not be given medication due to potential adverse effects this will be reflected on a PSP. PSPs will be managed by EEAST complex case lead. We will not implement a PSP if there is ambiguity around a patient's diagnosis or if there is risk to EEAST.

Information will be gathered about a patient from a number of sources. EEAST will ensure that there is no unmet clinical need before a PSP is put in place. Working with the health care professionals invested in this patient's care, a PSP will be drawn up and discussed with EEAST associate Medical Director for authorisation and sign off.

Regular meetings are held with the associate medical director to discuss complex cases.

PSPs will be held in the S drive with a CAD flag on the patients address so the ambulance crew know that a PSP is in place. Limited approved access will be given to the S drive folders.

The PSP will be shared with the patient and a copy shared with the GP. These will be reviewed every 2 years or if something changes in the meantime. PSPs can run alongside frequent caller plans. PSPs are for all ages.

The complex case lead will oversee all PSPs to ensure effectiveness to help support our patients and crews/volunteers.

The complex case lead manages complex establishments if they are impacting on the normal running of the 999 service for example schools or nursing homes. These will be discussed with the associate medical director on individual basis.

The complex case lead will discuss with the associate medical director if there are requests for patients to be conveyed to a hospital that is not the nearest receiving Emergency department. EEAST are contracted to convey to the nearest ED unless it is a pre agreed pathway for example PPCI. These clinical requests will be discussed on an individual basis.

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The complex case lead will work alongside EEAST frequent caller lead and team.

The complex case lead will draw on the expertise within EEAST, with key stakeholders which include the frequent caller lead, Mental health practitioners, safeguarding team, frequent caller team, clinical Navigators and clinical assessment service (CAS) CAD flags team & Health and safety. EEAST will also work with external stakeholders.

The complex case lead will form part of the Frequent Caller Ambulance National Network (FreCaNN) for EEAST.

### 10.0 Multidisciplinary Working

To ensure that appropriate support is available to patients calling the service frequently or regularly, the Trust will:

- Work with local providers of health and social care to identify people using a range of services frequently or regularly and coordinate activity to reduce these calls. This may take the form of case conferences as needed or local forums including representatives from the ICB, mental health providers, out of hour's services and social services.
- Refer to the Home Office Guide to Criminal Behaviour Orders (CBO's) and acceptable behaviour contracts and agreements.
- CBO — issued by the courts after conviction, the order will ban an individual from certain activities or places and require them to address their behaviour, for example attending drug treatment programmes. A breach would see an individual face a maximum five-year prison term.
- Crime Prevention Injunctions - designed to prevent escalation of anti-social behaviour. The injunction would carry a civil burden of proof, making it quicker and easier to obtain than previous tools. For adults, breach of the injunction could see imprisonment or fines being issued. For under-18s, a breach could be dealt with through curfews, supervision, or detention.
- Patients falling into the above categories should have a specific review by the Director of Nursing, Clinical Quality and Improvement or Associate Medical Director before an application is made. This may include the seeking of a legal opinion by the Trust.

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- The Frequent Caller Lead may be approached by police colleagues on behalf of other Trusts or organisations pursuing legal action against a HIU patient to provide a statement and data to support this. EEAST has an ISA which covers the sharing of information around frequent callers with police. Any information requests around EEAST contact for non-frequent callers must be referred to the SARS team.

### 11.0 Information Sharing

The Trust recognises the need for an appropriate balance between openness and confidentiality in the management and use of information. The Trust also recognises the need to share information with other health organisations and other agencies a controlled manner consistent with the interests of the patient and in some circumstances, the public interest.

Equally important is the need to ensure high standards of data protection and confidentiality to safeguard personal/sensitive and commercially sensitive information. Underpinning this is the integrity need for electronic and paper information to be accurate, relevant, and available to those who need it.

Staff must ensure at all times that high standards of data quality, data protection, integrity, confidentiality and records management are met in compliance with the relevant legislation and NHS guidance.

Under the GDPR and DPA there are seven principles to govern how person-identifiable information is processed:

Lawfulness, fairness and transparency

Purpose Limitation

Data Minimisation

Accuracy.

Storage Limitation.

Integrity and confidentiality (security).

Accountability.

This is further supported by the Caldicott Guardian principles, outlined in the 2016 Caldicott report.

The Trust holds Information Sharing Agreements (ISA's) with the ICBs for the purposes of this policy and other key stakeholders including 111 providers and the police.

### Appendix A: Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
Frequent caller plans	Frequent caller team / Frequent caller lead.	The plans will be reviewed at the Frequent caller meetings with Dr Phil Brown-Associate Medical Director.	This will depend on the plan. They will usually be 3 or 6 months in duration	A frequent caller plan. S drive folder with all secure documents & Datix used to hold progress notes	KPI audits to go to the EOC Clinical advisory group held bi-monthly. Any upwards ratification to CRG or clinical best practice group.	This will be overseen by EOC clinical lead	<i>Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders</i>

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							<i>Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</i>
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## Appendix B: Equality Impact Assessment

EIA Cover Sheet																			
Name of process/policy	Policy for the Management of Patients with defined individual needs																		
Is the process new or existing? If existing, state policy reference number	Existing (POL038)																		
Person responsible for process/policy	Frequent caller lead																		
Directorate and department/section	EOC																		
Name of assessment lead or EIA assessment team members	Frequent caller lead																		
Has consultation taken place?  Was consultation internal or external? (please state below):																			
The assessment is being made on:	<table border="1"> <tbody> <tr> <td>Guidelines</td> <td>X</td> </tr> <tr> <td>Written policy involving staff and patients</td> <td>X</td> </tr> <tr> <td>Strategy</td> <td>X</td> </tr> <tr> <td>Changes in practice</td> <td></td> </tr> <tr> <td>Department changes</td> <td></td> </tr> <tr> <td>Project plan</td> <td></td> </tr> <tr> <td>Action plan</td> <td></td> </tr> <tr> <td colspan="2">Other (please state)</td> </tr> <tr> <td colspan="2">Training programme.</td> </tr> </tbody> </table>	Guidelines	X	Written policy involving staff and patients	X	Strategy	X	Changes in practice		Department changes		Project plan		Action plan		Other (please state)		Training programme.	
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Other (please state)																			
Training programme.																			



## Equality Analysis

### **What is the aim of the policy/procedure/practice/event?**

East of England Ambulance Service (EEAST) is committed to providing a patient-centred and clinically appropriate service to the patients it serves, ensuring the right response to the right person at the right time.

A wide range of people rely on the 999 service we provide for an emergency response to serious and life-threatening conditions. The majority of patients can be treated with the principles and practices of assessment and care that are laid down in core training.

There are, however, a group of service users who use the 999-emergency service significantly more frequently than others, when they might benefit from an alternative pathway of care and this can have a significant impact on EEAST resources, both within the Emergency Operations Centre (EOC) and in operations.

The team will take into account any health inequalities identified during the referral and assessment process.

Some patients will have conditions that require assessment and treatment that is unfamiliar to ambulance personnel.

There may be new guidance on specific treatment for certain conditions that require a specific reminder to crews to ensure that best practice is adhered to.

The patients concerned may:

- Have a long-term condition with an acute exacerbation or require support to manage their condition appropriately at home.
- Be experiencing a specific episode of ill-health or difficulty.
- Also have unmet social or healthcare needs and alcohol, substance or mental health related healthcare issues.
- Be unaware of more appropriate entry points into the NHS.

Not all of these callers require an emergency response from a qualified clinician. They may call a substantial number of times per 24 hour period, involving call handlers, Clinical Assessment Service (CAS) and emergency responders.

This Policy outlines the ways in which EEAST can determine, agree and mobilise appropriate alternative care pathways for people calling 999 regularly, frequently or with very specific and defined needs that may not be covered in core training

POL038 – Policy for the Management of Patients with Defined Individual Needs

Who does the policy/procedure/practice/event impact on?					
<b>Race</b>	×	<b>Religion/belief</b>	×	<b>Marriage/Civil Partnership</b>	<input type="checkbox"/>
<b>Gender</b>	×	<b>Disability</b>	×	<b>Sexual orientation</b>	×
<b>Age</b>	×	<b>Gender re-assignment</b>	×	<b>Pregnancy/maternity</b>	×
Who is responsible for monitoring the policy/procedure/practice/event? EOC clinical lead					
What information is currently available on the impact of this policy/procedure/practice/event? Power BI reports Audits Impact statements on 999 service users Incident reports					
Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? /No					
Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? Yes/No, If yes please provide evidence/examples:					
<b>Race</b>	<input type="checkbox"/>	<b>Religion/belief</b>	<input type="checkbox"/>	<b>Marriage/Civil Partnership</b>	<input type="checkbox"/>
<b>Gender</b>	<input type="checkbox"/>	<b>Disability</b>	<input type="checkbox"/>	<b>Sexual orientation</b>	<input type="checkbox"/>
<b>Age</b>	<input type="checkbox"/>	<b>Gender re-assignment</b>	<input type="checkbox"/>	<b>Pregnancy/maternity</b>	<input type="checkbox"/>
Please provide evidence: It is having an impact on patients that require the emergencies in a genuine emergency, and we are support those who need us the most, and those who call us inappropriately. We tailor plans to meet patients' needs to ensure we take into consideration any needs or protected characteristics.					

POL038 – Policy for the Management of Patients with Defined Individual Needs

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? Yes/No, if so please provide evidence/examples:

<b>Race</b>	<input type="checkbox"/>	<b>Religion/belief</b>	<input type="checkbox"/>	<b>Marriage/Civil Partnership</b>	<input type="checkbox"/>
<b>Gender</b>	<input type="checkbox"/>	<b>Disability</b>	<input type="checkbox"/>	<b>Sexual orientation</b>	<input type="checkbox"/>
<b>Age</b>	<input type="checkbox"/>	<b>Gender re-assignment</b>	<input type="checkbox"/>	<b>Pregnancy/maternity</b>	<input type="checkbox"/>

Please provide evidence:

**Action Plan/Plans - SMART**

- **Specific** There will be an impact on patients with life threatening emergencies will get a timelier response and patient's who are managed under a frequent caller plan will receive care in line with the plans in place.
- **Measurable** This is measurable through the statistics provided by the Frequent Caller Team and an improved C1 / C2 response.
- **Achievable** We have a dedicated team managing these patients, which fit's their workload.
- **Relevant** The policy is evidenced based, and statistics show the success of how we manage these patients, whether they need a response immediately or require us to support them in how they use our service.
- **Time Limited** Statistics are reviewed monthly

**Evaluation Monitoring Plan/how will this be monitored?**

Who Frequent caller lead

How

By Frequent caller lead

Reported to EOC clinical lead