London Ambulance Service NHS Trust

Policy and Procedure for the Management of Frequent and Vexatious Users

DOCUMENT PROFILE and CONTROL.

Purpose of the document: is to ensure that an appropriate strategy is adopted by the Trust when responding to frequent user service users, and to vexatious callers.

Sponsor Department: Patient Experiences

Author/Reviewer: Head of Patient Experiences. To be reviewed by May 2018.

Document Status: Final

Amendment History			
Date	*Version	Author/Contributor	Amendment Details
17/07/15	3.1	IG Manager	Implementation Plan Monitoring section added
07/05/15	2.3	IG Manager	S.8 amendment and new Implementation Plan added
27/03/15	2.2	Head of Patient Experiences	Revised version
16/06/10	2.1	Patient Experiences Officer	Amended s.1 para. 6 name of Frequent Caller Unit; title of s. 4.8
15/04/10	1.5	Head of Patient Experiences/Patient Centred Action Team	second draft
03/09/09	1.4	Patient Experiences Officer - Frequent users	updated title of unit from PALS to Patient Experiences
06/02/09	1.3	Records Manager	added ratification date
27/11/08	1.2	Head of Patient Experiences	training & monitoring added incl. ref to ADO/AOM PIs removed from S.3
20/11/08	1.1	Head of RM & BC	incorporating CGC amendment to introduction.
04/11/08	0.3	Head of Records Management and BC	
04/11/08	0.2	Records Manager	reformatted
03/11/08	0.1	Head of Patient Experiences	first draft

*Version Control Note: All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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The RIB	21//07/15	IG Manager	G&A
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17/05/10	Head of Patient Experiences
Staff side reviewed on	By

Links to Related documents or references providing additional information		
Ref. No.	Title	Version
	Data Protection Act 1998	
	MPS/LAS Protocols (Updated Sept 2004)	
External, NHS Security Management Service	Non-Physical Assault Explanatory Notes www.nhsbsa.nhs.uk/SecurityManagement.aspx	
TP /012	Data Protection Policy	
TP/018	Suspected Cases of Child Abuse Procedure and Recognition of Abuse notes	
TP/019	Suspected Abuse of Vulnerable Adults Procedure and Recognition of Abuse Notes:	
HS/011	Incident Reporting Procedure	
OP/10	Procedure for the Maintenance of the High Risk Address Register and Notification of High Risk Addresses	

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1. Introduction

(a) A number of individuals throughout London repeatedly access the 999 emergency ambulance service when an alternative care pathway may be more appropriate. This patient group often have complex health and social care needs and may have disengaged from appropriate care services.

Unnecessary conveyance to hospital puts increased pressure on hospital Emergency Departments.

There is a significant impact on LAS resources as both the control services and operational resources can be diverted from attending other emergency calls, and thus this impacts on the Trust's ability to attend to patients who may be in a more serious condition.

(b) Some agencies (both public and private) may have policies and working practices in place that can affect an over-reliance on the ambulance service, and lead to either staff or the people under their care becoming frequent users.

(c) Experience has demonstrated that there are a small number of individuals who make intentionally vexatious calls to the 999 service. It is important to distinguish such callers as being entirely distinct from patients or agencies defined as 'frequent users'. Although there are some correlations with the management approach, a separate management schema will be applied (See Section 11 & 13).

The Patient Centred Action Team (PCAT is part of the Patient Experiences Department and was established in 2007 to manage these patient groups. The team takes a multi-agency approach in order to manage the LAS response to an individual or agency towards reducing call volume whilst ensuring the most optimum care pathway for the patient involved.

2. Scope

This document sets out policy and procedure for the identification, referral and management of the patient groups concerned and the model used by the Patient Centred Action Team (PCAT)

It also includes identification criteria for vexatious callers and the mechanisms to address these.

This guidance should not be confused with TP/016 - *Habitual or Vexatious Complainants or Enquirers Policy.*

3. Objectives

1. To set out the role of the Patient Centred Action Team (PCAT).

2. To provide clarity of the criteria for identification of a patient as a 'frequent user' and a clear referral and management process

4. Responsibilities

4.1 Assistant Director of Operations (ADO)

ADOs are responsible for ensuring that each ambulance complex will have a reporting mechanism in place to record its activity data and quality outcomes. These will be reported as a standing item to the Area Governance Committee.

4.2 Ambulance Operations Manager (AOM)

The Ambulance Operations Manager will nominate a member of their management team to act as a complex representative to be the first point of contact with the Patient Centred Action Team. It is the responsibility of the Ambulance Operations Manager to ensure that complex staff are aware of the frequent user referral process.

4.3 Complex Representative

The role must be part of a portfolio for a member of the complex management team. The representative will work with the Patient Centred Action Team to build links with health and social care partners within their CCG and local authority area. They will provide feedback to complex staff about active cases under local jurisdiction and ensure referrals and close liaison with Patient Centred Action Team. They will also be expected to attend professional multi-disciplinary meetings.

4.4 The Community Involvement Officer (CIO)

Where an ambulance Complex has a CIO in place, they will assist or act as the complex representative.

4.5 The Clinical Hub (CHUB)
The Clinical Hub will maintain the supporting clinical, mental health and social care history of any patient where an Individual Dispatch Protocol (IDP) is determined. This information will be provided by the Patient Centred Action Team when an IDP is established.

Emergency Operations Centre (EOC) staff can refer cases to the Clinical Hub where issues are raised about an aspect of the Individual Dispatch Protocol (IDP) (see para 10) during the progress of an emergency call.

4.6 The Clinical & Quality Directorate

Any proposed action to facilitate a care plan or other arrangements in relation to the Trust's response to 999 calls from a frequent user must be agreed by a member of the Clinical & Quality Directorate. PCAT will provide the Clinical &

Quality Directorate with all supporting information to enable an informed decision to be made. This will include a patient's medical history, current medication list, case history and the proposed action clearly outlined.

Any proposal which includes an aspect where an emergency response is to be declined must have the approval of the Medical Director.

Members of the Medical Directorate will be invited to attend professionals meetings with Patient Centred Action Team staff in cases where complex clinical issues are involved.

4.7 Local Security Management Specialist, Safety and Risk Department

The implementation, management and escalation of an Acknowledgement of Responsibilities Agreement (ARA) (see section 10) should be overseen by the Local Security Management Specialist. They will refer cases to the Legal Protection Unit of NHS Security Management Services for legal action to be considered (see section 11).

Vexatious callers whose cases are unable to be resolved by the Patient Centred Action Team may be referred to the Local Security Management Specialist.

4.8 Patient Centred Action Team

Will manage service users and agencies within the remit of this policy

Are accountable to the Head of Patient Experiences via the management team for performance

Are accountable for the delivery of appropriate referrals and delivery outcomes.

5. Definitions

The Trust has historically defined , a 'frequent user' as an individual or establishment who have placed 10 x 999s per month for 3 months or more, or where the volume of calls is considered to have a significant impact on LAS resources. This should not however be taken as definitive and the prevailing circumstances of each case should be considered.

National guidance defines activity to 5 x 999 call per month.

A 'vexatious caller' is an individual who places emergency calls without there reasonably being a legitimate purpose. This may manifest in non-engagement with the Emergency Medical Dispatcher and/ or repeated termination of the call. Caution needs to be taken when identifying a vexatious caller to exclude patients with mental health issues or behavioural difficulties or other underlying cause.

6. Referral Process

The Trust's informatics identifies the cohort according to the above.

Alternatively a referral can be made to the Patient Centred Action Team by any member of staff or health or social care practitioner who has reason to believe that an individual or agency falls under the definitions above.

All 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.

Consideration should be given as to whether it is appropriate to submit a 'vulnerable adult' referral (LA280), in particular where the patient concerned may have mental health difficulties (see TP/019).

7. External Relationships

The Patient Centred Action Team will identify and liaise with the relevant clinical, mental health and social care agencies with responsibility for the care of an individual patient.

Particular attention will be given to sharing information with NHS 111.

The Patient Centred Action Team will identify and liaise with the appropriate manager of a care facility or private business identified as a frequent user.

7.1 Clinical Commissioning Groups Forums

The Trust notes that some Clinical Commissioning Groups have established multi-disciplinary forums to enable a joined-up approach to the management of frequent users of the services within their jurisdiction. This recognises that not all Emergency Department frequent attenders will use the ambulance service; some may regularly self-present. These forums are able to identify trends in the local frequent user/attendee populations and individual patients can be referred 'on the spot' for any involved agency to action. These forums are led by the Clinical Commissioning Groups and work in partnership with other key stakeholder organisations including acute Trusts, Mental Health providers, Drug & Alcohol Teams and Intermediate care.

The Trust supports and endorses this model so that frequent users of services within the area appropriate care pathways are in place to reduce dependence on Emergency Departments and the ambulance service. Where gaps in service provision are identified, the group may make recommendations to escalate and inform future commissioning arrangements.

7.2 Metropolitan Police Service (MPS)

In some cases it may be appropriate to invite the participation of the police, especially where they may already be involved or where criminal activity may be an issue. The local Safer Neighbourhoods Team will usually be the first point of contact.

8. Information Sharing

Wherever possible, consent should be obtained from the patient before passing any personal information to other agencies. Due regard should be given to involving the patient's relatives, carer or advocate, where the patient consents to that. Naturally circumstances should dictate how contact is made, and consideration should be given so that matters may be approached with sensitivity and with regard to personal safety.

Where a patient has not given consent, consideration may be given to Paragraph 8 of Schedule 2 of the Data Protection Act (1998) which enables the sharing of information where that is necessary for medical purposes and is carried out by medical professionals or others owing an obligation of confidence to the data subject. Personal data consisting of information as to the physical or mental health or condition of the patient is also covered in Section 30 (3) (b) (ibid)) in relation to the purposes of the maintenance of social work. The Trust takes the view that this area of work falls under these provisions and the intent is to work towards the establishment of an emergency care component of a community care plan.

See also
http://www.foi.gov.uk/sharing/faqs.htm
http://www.ico.gov.uk/upload/documents/pressreleases/2007/information_sharing.pdf
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_401039
www.ecm.gov.uk/informationsharing

Where necessary the Information Governance Manager will work with the Head of Patient Experiences or delegate or Patient Centred Action Team in devising a protocol to be used at local forums,.

9. Case Management and Administration

The Patient Centred Action Team will manage each case using case management practice.

The ethnicity of an individual caller will be documented when the case is raised in accordance with Trust practice.

9.1Frequent user Management

The Patient Centred Action Team will collate a record of at least six months call volume and identify any behavioural patterns i.e. peak call times.

The subject of each case will receive an approach letter to advise that they have been identified as a frequent user. This will include advice on using NHS services appropriately.

The appropriate agencies will be identified and informed of the patient's case history. This will normally lead to a professionals' meeting.

A multi-agency approach will enable the Patient Centred Action Team to obtain the comprehensive clinical, mental health and social background of a patient and to seek informed advice from relevant health and social care professionals. An informed decision can then be agreed as to any course of action by the ambulance service and other agencies.

Each case will be maintained on a 'rolling' review basis until there has been a suitable length of time where the patient has reduced or ceased 999 call activity. The case will then be closed but re-visited if unreasonable 999 activity is reactivated.

9.2 Vexatious Caller Management

See section 13.

10. Action plans

Each patient will have an individually tailored action plan for both external agencies and the ambulance service to design and implement. This will be considered as an emergency care component of a community care plan. The following mechanisms may be initiated as part of this.

10.1 Individual Dispatch Protocol (IDP)

An Individual Dispatch Protocol (IDP) is an instruction placed on the locality information field of the call management system in relation to a specific patient address in order to enable apposite management of an emergency call.

Each IDP requires the agreement of the Clinical & Quality Directorate. If the IDP includes a 'no send' element, this must have the approval of the Medical Director or their delegate.

Once the IDP is approved it is recorded on an LA 036 by the Patient Centred Action Team. The instruction will be sent to Management Information for inclusion on the locality information field with any supporting history made available to Hub (see section 7). Relevant Control Services teams will also be advised.

Where an IDP is in place, calls will be regularly monitored by the Patient Centred Action Team as part of the case management. Each IDP will be

regularly reviewed with any changes in a patient's clinical or mental health or social circumstances taken into account.

10.2 Acknowledgement of Responsibilities Agreement (ARA)

The NHS Security Management Service (NHS SMS) is responsible for the security of people and property across the NHS in England.

Under the NHS SMS *Non Physical Assault Policy* an ARA is defined as *'…a written agreement between parties aimed at addressing and preventing the recurrence of unacceptable behaviour and can be used as an early intervention process to stop behaviour from escalating into more serious behaviour'.*

If all reasonable actions to address a patient's excessive use of the ambulance service have not resulted in a successful outcome, the Patient Centred Action Team will raise an ARA letter under section 1.10 of the *Non Physical Assault Policy* which covers *'unreasonable behaviour and non-cooperation such as repeated disregard of hospital visiting hours…'.*

The template London Ambulance ARA approach letter requests the recipient to agree to

'…only use London Ambulance Service (LAS) if I am seriously ill or injured'.

In the event that the ARA is breached, legal action may follow (see section 11).

See also
http://www.nhsbsa.nhs.uk/SecurityManagement/Documents/non_physical_assault_notes.pdf

11. Legal Action

11.1 Legal action in frequent user cases

In a small number of cases the Patient Centred Action Team will take a decision to pursue legal action against a frequent user, once all other options have been exhausted and in consultation with any involved parties including the Medical Director, Legal Services and any other senior managers with a significant interest.

Legal action will only be considered when an Acknowledgment of Responsibilities Agreement (ARA) has been breached by the patient concerned (see section 10)

The Patient Centred Action Team will contact the LAS Local Security Management Specialist who will provide guidance and initiate assistance from the NHS SMS Legal Protection Unit (NHS SMS LPU).

11.2 Legal Action in Vexatious Caller cases

On occasion an individual will be identified as having wilful intent to make persistent, vexatious calls to the ambulance service.

Callers who use multiple mobile phone numbers can be identified by their behavioural patterns combined with the mapping of calls to a specific area using the Management Information call search facility (see section 13).

Once evidence is accumulated, the matter will be referred to the LAS Local Security Management Specialist who will refer to the Metropolitan Police Service as appropriate.

12. Records Management

The Patient Centred Action Team will record correspondence and file notes for each frequent user case using the DATIX case management system so that the Trust can evidence the chronology of events and action taken.

13. Vexatious Calls

Vexatious calls will be investigated by the Patient Centred Action Team.
If calls are placed from a mobile phone number, the service provider will be approached by the Patient Centred Action Team to consider an application for disconnection using the Public Emergency Call Service (PECS) Mobile Telephone Disconnection Request Form.

If such calls are from one or more public call boxes the Patient Centred Action Team will use CTAK search facilities to trace the co-ordinates of the calls and contact the appropriate police Safer Neighbourhoods Team.

The Trust is obliged to observe the Code of Practice for the Public Emergency Call Service (PECS) Between Communications Providers and the Emergency Services - see http://www.northumberland.gov.uk/%5Cdrftp%5C12407.pdf

This gives specific guidance in relation to vexatious or ‘nuisance’ calls. For the purposes of the Regulation of Investigatory Powers Act (2000) (RIPA) – (see http://security.homeoffice.gov.uk/ripa/about-ripa/) who are able to formally request subscriber details from communications providers in the accepted format. If a SPOC is not available, then the matter may need to be routed via the Metropolitan Police service.

For further information contact the Patient Centred Action Team via the Patient Experiences Department on 0203 069 0240 or email frequent.caller@lond-amb.nhs.uk

IMPLEMENTATION PLAN				
Intended Audience	All staff			
Dissemination	Available to all staff on the Trust web site and intranet			
Communications	Revised Procedure to be announced in the RIB and a link provided to the document			
Training	Guidance on the implementation of this procedure is available by request from the Patient Centred Action Team (PCAT)			
Monitoring:				
Aspect to be monitored	**Frequency of monitoring AND Tool used**	**Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported**	**Committee/ group responsible for monitoring outcomes/ recommendations**	**How learning will take place**
Review number of frequent user cases and actions taken	Quarterly	Head PED Learning from Experience Group	Trust Board	Change/ develop policy and practice as required
Number of vexatious calls and actions taken	Quarterly	Head PED Learning from Experience Group	Trust Board	Change/ develop policy and practice as required