



Date: 16 January 2019

Royal College of Occupational Therapists response to the Northern Ireland Ambulance Service Proposed New Clinical Response Model Consultation

CONSULTATION QUESTIONS

A. Information about you/your organisation

The questions in this section will enable us to have a better understanding of who has responded to this consultation. The rules about disclosure of consultation responses are outlined on Page 89.

1. Your Name

Kate Lesslar

2. In which of the following capacities are you responding to this consultation?

On behalf of a Public Authority Name of Public Authority

On behalf of a Community/Voluntary Sector organisation Name of organisation

On behalf of a trade union organisation Name of organisation

As a member of the public

Other - Royal College of Occupational Therapists

B. Your response to the consultation document

In this section we would like you to comment on the content of the consultation document
The Proposal

1. Do you agree that NIAS should change from the current response model, introduced in 1974?

Yes

Please explain your answer

The Royal College of Occupational Therapists agrees it is time to change the present response model to one which is more applicable to present day demands and will deliver better care and outcomes so that the Northern Ireland Ambulance Service (NIAS) resources and capacity are directed to best meet the needs of patients served.

As has been noted within the consultation document, the current response model, introduced in 1974, with a requirement to reach an emergency call within 8 minutes is putting a disproportionate focus on getting to the patient quickly and does not always result in the most appropriate response to all groups of patients.

There is a need to match the right response to clinical need and ensure that the most appropriate resource is sent to a patient, rather than being constrained by challenging time targets for everyone.



Date: 16 January 2019

In 2, '*Getting to the Sickest Quickest*' we agree with the proposal 5.7 to target resources to Category 1 patients and provide the fastest possible response to these Category 1 patients with Immediately Life Threatening conditions.

We agree with the proposal to match appropriate ambulance resources to the needs of the patient with Category 1 calls being the most critical and which demand a response based on the level of intervention required and that calls in Categories 2,3 and 4 while still urgent in nature do not require a similar response as Category 1. However we would also like to see more detail on how this new response model will deliver in relation to the other groups. We would also hope that this will result in more effective responses to all categories.

The Royal College of Occupational Therapists welcome the new model being proposed, including enhanced telephone assessment, appropriate care pathways, as well as providing emergency and non-emergency transport. We hope this will result in more effective responses to all categories.

We also agree with points in 5.15 and that not every patient needs to be taken to hospital. In 3, '*Sending the Right Resource, First Time*', the explanation of getting to a specifically identified centre of care through a 'defined' pathway or having a Paramedic Rapid Response Vehicle shows the importance of identifying the appropriate response and ambulance resource.

In 4, '*Providing the Best Patient Care*', we are pleased to see there is a proposal to introduce a set of Ambulance Quality Indicators which will evidence the quality of patient care across a range of clinical indicators and that work has begun on Clinical Performance Indicators and Care Bundles in preparation for this. In 5.22 it mentions that Paramedics will determine if the patient needs to attend hospital or can be referred to community-based services which can best meet their needs through use of Appropriate Care pathways and /or transport to alternative destinations. The Royal College would like to see more details in this proposed model of how NIAS can expand on this and work with in partnership with occupational therapy services.

In our recent policy document, *Reducing the Pressure on Hospitals: A report on the value of occupational therapy in Northern Ireland*¹(RCOT 2016), we have shown the benefits occupational therapists can provide to reduce pressure on hospitals, and ensure patients who do not need to be admitted to hospital are not admitted to hospital.

This policy document highlights a number of recommendations which would complement the work of NIAS in ensuring patient receives the right treatment at the right time. These recommendations include:

1. To prevent falls-related admissions, there must be increased partnership working between occupational therapy services and ambulance services when responding to falls.
2. All hospital at home schemes, rapid response and acute and emergency care services must have occupational therapists embedded within the multidisciplinary teams, and this includes 'Home Treatment' teams for mental health.

¹ http://3clw1r2j0esn1tg2ng3xziww.wpengine.netdna-cdn.com/wp-content/uploads/2017/03/ILSM_Report_N_IRELAND_24pp.pdf



Date: 16 January 2019

3. To achieve optimum patient flow and fast-paced assessments, commissioners must include occupational therapy in funding for out of hours services.
4. All multidisciplinary admission and discharge teams across the hospital environment must include occupational therapists, with therapy-led discharge planning for people with complex health care needs.
5. To ensure timely and successful discharge, commissioners and providers must support the development of therapy-led services.
6. Occupational therapy-led reablement services should expand to include all adults and provide a seven-day programme of care.

Since the publication of this report RCOT are pleased that NIAS have been supportive in developing partnership working with occupational therapy. In the Belfast Trust, Occupational Therapy alongside NIAS, on behalf of the Northern Ireland region, have undertaken some initial scoping exercises providing real time support and advice to the client and their carer following a fall at home. Work is ongoing with commissioners to obtain funding to undertake a feasibility study of this model of service delivery.' The Royal College are keen that this partnership work taken is forward.

Initial feedback from families and carers was that on scene Occupational Therapy assessment and intervention provided reassurance that clients were able to engage with their daily activity; hospital admission was avoided along with its associated risks, such as increased confusion and deconditioning; and supported the management of carers stress at a difficult time.

2. Do you agree that the service should introduce the proposed new Clinical Response Model as outlined in the document?

Yes

Please explain your answer

The Royal College of Occupational Therapists welcome the introduction of the proposed new Clinical Response Model, outlined within the consultation document. We welcome this new approach for a number of reasons:

1. The proposed new Clinical Response Model will take an approach that matches a patient's needs and distributes resources more appropriately across all patients who contact the ambulance service.
2. Where applicable, the new model will take additional time to ensure more is known about the patient's complaint / condition before sending the most appropriate resource.
3. Although there could be an element of redeployment of Paramedic posts which needs to be well managed, the new model will see an investment in staff training, creation of additional staff posts, while ensuring there are no potential job losses within the service.
4. The new CRM should create positive improvements and impacts for those with disabilities, particularly when implemented with new Appropriate Care Pathways across the health sector in Northern Ireland. However we do feel more information is needed on how this is to happen.



Date: 16 January 2019

5. The introduction of the new CRM will ensure patients will not be required to attend hospital if not necessary, which will ensure a reduction on the pressure on hospitals. As referenced in question 1, our policy document '*Reducing the Pressure on Hospitals*²' (RCOT 2016), provides recommendations of a joined up approach between the NIAS and occupational therapists.
6. The proposed CRM should positively impact on people from older age groups, because clinical need will be addressed more appropriately and effectively. Again we would also like more detail and information on this.

We also believe there is an opportunity to further expand on the service provision of the NIAS including the placement of an occupational therapist within the response team. As you have outlined within the consultation document, one of the aims of the new Clinical Response Model is to ensure that patients receive the correct response. It has also been outlined that another proposed outcome of the new Clinical Response Model will be a reduction in the number of patients who will need to attend hospital. We noted that one of the key themes 'Recognised for Innovation' from which NIAS Corporate Objectives and annual priorities are developed includes '*NIAS has a vital role to play in the delivery of urgent and emergency care, providing a wide range of clinical responses to patients in their homes and community settings and can potentially integrate seamlessly across the spectrum of providers in health and social care. We can increasingly shift the balance of care away from hospitals, reduce demand on emergency departments and take the pressure off general practice.*' (P5/6) RCOT believe that working in partnership with occupational therapy services will help support NIAS with this.

The Royal College of Occupational Therapists welcome the proposed introduction of the new Clinical Response Model, but would welcome further discussion with NIAS on implementation of the recommendations we have outlined in our policy documents. We believe that the provision of an occupational therapist within NIAS will enhance patient care and support the role of NIAS.

3. Do you think that NIAS has considered sufficient relevant information and appropriately assessed the impacts of the proposed changes?

No

If no please explain your answer

There appears to be more of a consideration and analysis of Category A calls. While this Category is extremely important we believe that the overall analysis should have contained equal information on other Categories, if this is to be an overall new approach and clinical response model for NIAS.

While NIAS has considered a large amount of information while assessing the impacts of the proposed changes to the Clinical Response model, the Royal College of Occupational Therapists believe there is an opportunity to develop partnership working to enhance the service provided to patients by NIAS.

² http://3clw1r2j0esn1tg2ng3xziww.wpengine.netdna-cdn.com/wp-content/uploads/2017/03/ILSM_Report_N_IRELAND_24pp.pdf



Date: 16 January 2019

Occupational therapists are currently involved in innovative pathways with ambulance services in other parts of the UK to triage and address patient needs more effectively once a person has requested urgent assistance. This is a key component of the new Clinical Response Model, as outlined in the consultation document.

Case study examples of how occupational therapists can work in partnership with ambulance services, with supporting evidence, include ³(RCOT 2018):

East Lancashire Falls Response Service

In Lancashire, in the 12 months before January 2016, 78% of people who received an innovative joint assessment between a paramedic and an occupational therapist were able to remain at home. This partnership is called the Falls Response Service (FRS) and has been set up by East Lancashire NHS Hospitals Trust and North West Ambulance Service (NWAS). The FRS is sent out to 999/111 calls from people who have fallen but do not have an apparent injury, as the multidisciplinary team is able to simultaneously check for health concerns that need immediate attention as well as assessing what caused the fall and establishing future preventative measures.

This is a dramatic reduction from the previous rate of 70% of people being taken to hospital, as the FRS partnership conveys less than 23% of those it assesses. During the pilot period of January to September 2015, the FRS completed an average of three ten-hour shifts a week. The savings to the emergency department have been calculated at £27,000, based on 214 calls costing an average of £126 per incident. The pilot has now been made permanent and the service now covers 7 days a week.

Impact: Figures on non – conveyance April 2016- March 2017 = 76%. Previously, 70% of patients would have been conveyed to hospital.

Example of occupational therapists and paramedics in action:

The East Lancashire Falls Response Service crew responded to a 98-year-old lady lying on the floor following a fall in her bedroom upstairs. She had been found by her daughter who then called 999. The paramedic carried out a comprehensive check for injuries which was negative, allowing the occupational therapist and paramedic to proceed to assist the patient to get off the floor and onto her bed.

Further medical observations by the paramedic came back clear and the occupational therapist then assessed the lady's ability to move around her home, along with her strengths and abilities to manage occupations and her safety within the home. After speaking to the patient and her daughter, an action plan was agreed upon and implemented following the initial emergency visit.

Norfolk Community Health and Care Trust.

Early Intervention Vehicle- Early Intervention Technician and occupational therapist.

Benefits to the patient:

- Immediate provision of frames and equipment from vehicle with falls prevention advice, rapid referral for assessments for extra/new care and social care.

³ Royal College of Occupational Therapists: Examples of Partnership Working in Falls Response



Date: 16 January 2019

- Integrated emergency, health and social care assessment to reduce future falls.
- Improved access to community health pathways
- Reduced ED attendance and associated acute admissions
- High patient and carer satisfaction

Impact: Reduced demand on ED & associated admissions, for example: model suggests 15 avoided admissions to residential care. Significant economic savings across the health and social care community valued at £2.4m pa

Impact: 75% of patients prevented from coming into hospital. This equates to a Return on Investment of 9.6 to 1.

South Central Ambulance Service and the Royal Berkshire Hospital Foundation Trust - Falls and Frailty Response Service.

The team consists of four occupational Therapists and five experienced paramedics. They provide a blue light response service on Saturday, Sunday and Monday, 7am-7pm, to 999 calls for older adults who have fallen.

The service enables older adults to be treated at home with the aim of reducing future falls risks through addressing clinical, functional and mobility needs. Following the clinical assessment, the therapy assessment considers mobility, cognition, equipment needs, care needs and the home environment. The occupational therapist can then advise on changes to the home, strategies and techniques for moving safely and is able to supply equipment, as well as signpost for support available in the community.

Impact: Since October 2017 - to March 2018, 70% of older adults remained at home. Average response time is no more than 40 minutes, depending on the area.

Early Intervention Vehicle- Hertfordshire County Council.

From April 2016 and September 2017 the Early Intervention Vehicle responded to 1,636 calls with only 28% resulting in the person being conveyed to hospital. The service was calculated to save £809,938, with a return on investment of £1.30 for every pound spent.

Paramedic & Occupational Therapist Falls Pick up service- Bath & North East Somerset

7 day a week, 8 am – 6 pm service- marked response vehicle with a therapist and paramedic. The rota is covered by two occupational therapists, one physiotherapist and a number of paramedics. This is a pilot running May 2017- April 2018, and has been extended May 2018-March 2019.

The pilot is a joint venture between the health and social care community organisation (Virgin Care) and the acute hospital (Royal United Hospital) & SWAST (South West Ambulance Service Trust). The acute trust provide two therapists and the community provide one therapist. The original pilot was for occupational therapists, this was extended to include one physiotherapist in the team. The therapy team is managed operationally and clinically by the Falls Clinic in the community, however the staff respond from the Ambulance station.

Impact: May 2017- March 2018 = 635 people seen. Following intervention, 551 stayed at home. 87% of patients were prevented from coming into hospital. Therefore only 13% were



Date: 16 January 2019

conveyed to hospital. The number of falls patients conveyed by a traditional ambulance model (an ambulance crew with no therapist) responding to falls is 40%.

4. Can you identify any other potential adverse impacts with supporting evidence that might occur as a result of these proposals being implemented?

While the Royal College of Occupational Therapists are supportive of the introduction of the proposed Clinical Response Model, we have concerns which may impact on these proposals being implemented.

One of the key plans to implement the proposals contained within the consultation document is an increase in hours of cover, matching supply with demand, and an increase in frontline staffing levels. While we are supportive of increasing staffing levels and ensuring there are adequate staff to meet demand, this increase in staff may have an adverse impact on the ability of NIAS to implement these proposals.

Recent figures, published by the Department of Health in September 2018, show there are currently 5,879 vacancies across all Trusts and NIAS within Northern Ireland⁴(DoH 2018). Within the NIAS the most recent statistics show there are currently 204 vacancies, which also includes student / training places in anticipation of projected vacancies arising from service developments, promotional opportunities and associated backfill over a period of 12 months, taking into account relevant training periods.

A further issue which may have an adverse impact on the proposals being implemented is the relatively low number of external application rates for registered posts, as identified within the Health and Social Care Workforce Strategy 2026⁵ (DoH 2018). As noted within the workforce strategy, turnover amongst NIAS staff has been relatively low, although it is starting to rise, and while the number of external applicants is healthy, there is reason for concern over the number of applicants for registered posts, such as HCP qualified paramedics. This could have an impact on the ability to fully implement the proposals contained within the consultation document.

A final issue which may impact on the implementation of the proposals is the training time required to ensure the service can adjust to these proposals can be implemented. While the training time required for an Ambulance Care Attendant is 4 weeks, and an Emergency Medical Technician is 10 weeks, relatively short periods of time, if there is a requirement for a large number to be trained at one time, this could have an impact on the ability to ensure the positions can be filled due to a lack of available training staff⁶(NIAS 2018). This is an area which would need to be resolved in advance of the new Clinical Response Model being implemented.

The Royal College of Occupational Therapists are supportive of the proposals contained within the new Clinical Response Model, as outlined within the consultation document. However, we would advise NIAS to ensure the noted issues are resolved before the introduction of the proposals outlined within the consultation document.

⁴ <https://www.health-ni.gov.uk/publications/northern-ireland-health-and-social-care-hsc-workforce-vacancies-september-2018>

⁵ <https://www.health-ni.gov.uk/sites/default/files/publications/health/hsc-workforce-strategy-2016.pdf>

⁶ <http://www.nias.hscni.net/about-the-trust/working-for-us/fag/>



Date: 16 January 2019

The Royal College also notes the information on the proposed new standards on page 30 and this ranges from 8 minutes for Category 1, with response times ranging through to Category 3 - 120 minutes and Category 4 - 180 minutes. These latter 2 have a long response time so it will be vital that patient needs are very accurately accessed initially with safeguards in case, for example the patients condition worsens.

5. Please suggest any other mitigating measures to eliminate or minimise any potential adverse impacts in relation to the proposals.

The Royal College of Occupational Therapists would like to see more information on how a co-ordinated approach, collaboration and partnership working across services and agencies could mitigate some of the predictors for people who are more likely to need and use ambulance services such as that *'Long term ill health and / or disability can be a predictor of a person's need for emergency or unplanned care'* (10.29) or *'For older people being alone is a likely indicator that they will use emergency and non-emergency ambulance services more than adults who live with other adults'* (10.45) or related to older age (10.50, 10.51). The Royal College of Occupational Therapists believe that, there is a great deal more that can be done, not only to support people in their communities but also that a co-ordinated approach and partnership working across services is needed more than ever.

As has been outlined in our response to question 3, the Royal College of Occupational Therapists would recommend further partnership working, which would minimise potential adverse impacts in relation to the proposals.

As we have shown through the our case study examples of working together, there is an opportunity to ensure that any potential adverse impacts in relation to the proposals could be minimised by including an occupational therapist within the NIAS teams. We have also shown how the deployment of an occupational therapist within an Ambulance Service can reduce the need for patients to attend hospital, reduce pressure on hospitals, and save the health service significant funds.

The Royal College of Occupational Therapists would welcome the opportunity to further explore how we can work in partnership with the NIAS.

6. Please provide any suggestions as to how NIAS can better promote equality of opportunity in respect of these proposals.

The Royal College of Occupational Therapists welcome the detailed research on the impact these proposals will have on service users based on Section 75 groupings and rurality.

We note the predicted rise in the older population aged over-60, with a 12.5% increase in the next five years, and the impact this will have upon the service provided by NIAS. We also note that this increase will lead to an increase in clinical demands on emergency and non-emergency service provision. As noted within the consultation document, the failure to introduce the new Clinical Response Model will have the greatest impact on this section of the community.



Date: 16 January 2019

Within our policy document, *Living, not Existing: Putting prevention at the heart of care for older people in Northern Ireland*, we make three recommendations for change ⁷(RCOT 2017):

1. The RCOT recommends that more occupational therapists are based within primary care to prevent or delay the need for care and support.
2. The RCOT recommends that occupational therapists are deployed to develop person and community-centred approaches to ensure older people live independently for as long as possible in their communities.
3. The RCOT recommends that partnership agreements are formally developed across local housing, health and social care sectors to ensure all older people irrespective of social, economic or housing circumstance, have access to occupational therapy.

These recommendations and those contained within this policy document will further contribute to a wider framework approach from NIAS. This would also better promote equality of opportunity in respect of these proposals for those over-60.

7. Please provide any further comments you wish in respect of the proposals outlined.

The Royal College of Occupational Therapists welcome the proposals outlined within the consultation document. As has been detailed, the proposals will have a positive impact upon service users if it ensures they receive the right response through utilising the enhanced Call Taking Process, which will allow for more accurate identification of emergency calls.

We also welcome the approach to ensuring a reduction in the amount of patients who are admitted to hospital, following treatment from a paramedic. As we outlined in our response to question 3, we believe there is an opportunity for partnership working between NIAS and occupational therapists. As we have detailed in our response, deploying an occupational therapist within an Ambulance Service can have a beneficial impact, not only on the patient, but also by providing a cost saving to the service.

We welcome the proposals for the new Clinical Response Model, outlined within the consultation document, and would seek to further explore with NIAS how we can work together to ensure the service implements our recommendations, which have proven to be successful across other ambulance services throughout the UK.

We agree strongly with 3.11 and that this new Clinical Response Framework should be part of a wider framework as well as with 3.12 that it is in the context of an uplift of frontline staff along with an estates strategy. We would like more detail about this wider framework. The Royal College of Occupational Therapists believe that *'With ever constrained resources the correct infrastructure, services and workforce model must be put in place on a sustainable basis to turn the tide on the ever increasing strain on emergency care. There are growing opportunities to develop an integrated approach right through from prevention and early intervention to urgent and emergency care, involving hospitals, community, primary care and ambulance services through joint service planning across different agencies.'* (RCOT 2016)

⁷ <http://3clw1r2j0esn1tg2ng3xziww.wpengine.netdna-cdn.com/wp-content/uploads/2017/09/ILSM-Phase-II-Report-NI-16pp-Sept-2017.pdf>



Date: 16 January 2019

5.26 refers to 'medical professionals', the Royal College of Occupational Therapists would ask that this is changed to health and social care professionals.

We welcome the proposals for the new Clinical Response Model, outlined within the consultation document, and would seek to further explore with NIAS how we can work together to ensure the service implements our recommendations, which have proven to be successful across other ambulance services throughout the UK.

Finally we would also like acknowledge to date, the hard work, commitment and dedication of NIAS to deliver services across Northern Ireland.

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