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Welsh Ambulance Services
University NHS Trust

Falls and Frailty Framework and Response Model

Welsh Ambulance Services University NHS Trust
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In 2018, the Welsh Ambulance Services University NHS Trust (WAST), developed the Falls Framework which included the Falls Response Model. The Framework was designed to provide clarity within the organisation, and inform partners when considering the design and implementation of local services which provide care to patients who have experienced a fall.

Since its introduction in 2018, the Framework has led to significant improvements and innovation within the Trust, across Health and Social Care, Local Authorities and within the independent sectors. The learning has been shared within local and national forums and has been a key driver for the formation of the 'AACE National Falls Response Governance Framework for NHS Ambulance Trusts'. The Framework has enabled the organisation, to lead and implement large scale transformational changes, improving the response and care for patients who have experienced a fall.

Since 2018 the Trust introduced the role of the Falls Assistant in collaboration with St John Ambulance Cymru. Through the application of the Falls and Frailty Framework, we have seen improved processes within our Clinical Contact Centre (CCC) and supported staff knowledge and confidence in providing care for our patients. With the support of our Health Board partners, The Trust have continued to develop our multi-disciplinary Falls Response (Paramedic and Therapist), to improve the assessment and outcomes for older patients who have experienced a Fall.

The Trust continue to operate within a complex environment, with multiple system pressures that often impact our ability to provide a timely, appropriate response. Throughout the COVID-19 Pandemic, we have been actively engaging with health boards to determine the needs of the local population and design improvements to services. These improvements range from prevention, to supporting communities and local services to help provide the right care at the right time within the right place.

Falls represent a major public health challenge with implications for health as well as urgent and continuing care services. The Trust need to consider falls in the context of our ageing population and as one of a number of syndromes associated with frailty.

30% of home dwelling people aged 65 years or older, fall every year*.

National data show that 50% of people aged over 80 years fall annually.

A fall can mark the start of functional decline in over a third of people. The experience of falling can cause distress, pain, injury, hospitalisation and loss of independence.

The revised Framework, considers and recognises the significant learning from improvements and system wide challenges. In 2021, the Trust formally endorsed the Older Persons Framework, which highlights our role as a system convenor, ensuring we can work with other organisations to develop timely access to care. The revised Framework emphasises the need to consider Frailty as a recognised clinical condition, and falls as one of the presentations of Frailty. In developing this Framework and ensuring it aligns to the Older Persons Framework, the Trust will look for opportunities and improve support to patients who remain at home, or seek appropriate care within the community and/or hospital setting.

*www.nice.org.uk/guidance/cg161

In 2019, 65% (283,153) of all incidents received (445,154), were from patients aged over 55.

Over 60% of the incidents received from patients over the age of 55 (226,227) required a response to scene, and around 56% of patients (158,830) required transportation to hospital, for further assessment and/or treatment.

It is estimated that “around 10% of people over 65 years of age have frailty, rising to between a quarter and a half of the population aged over 85 years” (BGS, 2017).

As an ambulance service we are acutely aware and recognise the importance of providing timely access to care that is appropriate to the patient’s condition. Individuals who experience a new onset or worsening of a frailty presentation, often require support from multi-disciplinary teams, to ensure care can be provided at or closer to home. The presentation of frailty within the emergency setting is “not often recognised until a person is in crisis, for example following a significant fall. This may then lead to hospital admission, an event which may trigger worse outcomes for someone who is frail.” (BGS, 2017).

The Trust operates in a complex environment and has a key role in providing a gateway to care that supports individuals and communities to access the most appropriate service, during the first opportunity. Frequently, due to increasing demand and wider system pressures, patients at times will wait longer within the community for a response, where lengthy waits leads to deterioration in their clinical condition and may have a greater impact on their wider physiological and psychological status.

It is vital that as a Trust, we can identify and support patients who are in crisis and those patients who are at risk of serious deterioration. Additionally, we need to ensure, “if a patient is not severely unwell but is unable to maintain their status quo in the community due to a temporary change in their care needs, it is good practice and better for the person with frailty to transfer care to a responsive community service, rather than admission to hospital” (BGS, 2017, p.13).



“We have been engaging with Health Boards and stakeholders to develop and improve our response to falls and frailty.”

The Falls and Frailty Framework and Response Model

The Falls and Frailty Framework (FFF) and specifically the Falls and Frailty Response Model (FFRM), enables the Trust to develop and provide high quality, holistic services that focuses on prevention, response and preventing further harm.

It is widely recognised that falls are often a symptom of a wider frailty condition. During 2020, the Trust received 50,123 incidents from patients who had experienced a fall. Falls remain one of the main reasons a person calls 999. The development of this model recognises that, while falls are a symptom of wider frailty, specific assessment and/or response services are often required for patients who have experienced a fall within the community, to ensure high quality patient outcomes.

The FFRM will ensure that we can safely assess the needs of patients waiting within the community and provide the most effective advice and support, which may or may not include an emergency ambulance response. The model will assist us in identifying those patients who may benefit from an alternative specialist response to maximise opportunities to receive care closer to home.

It is recognised that patients experiencing frailty can present with what often appears to be a straightforward symptom, which is often indicative of complex underlying medical presentations (BGS, 2017).

The Framework will aim to:

Highlight how the Trust and partners in health and social care, local authority and voluntary sectors can support patients who are experiencing a fall or other frailty presentation;

Support collaboration between organisations, through developing shared awareness, increased confidence and opportunities to improve services;

Meet the needs of patients, who have experienced a frailty presentation/fall, using a system wide approach to falls and frailty prevention, falls and frailty response and reducing harm;

Support the Trust to identify gaps within the wider system and determine opportunities to provide responsive, timely access to services to support patients to remain at home.



Frailty

It is estimated that “around 10% of people over 65 years of age have frailty, rising to between a quarter and a half of the population aged over 85 years” (BGS, 2017).

As an ambulance service we are becoming more aware of the importance of a timely and appropriate response for patients who are presenting with a frailty related syndrome.

The British Geriatric Society describes frailty as:

“A clinically recognised state of increased vulnerability among older adults. It is associated with a decline in an individual’s physical and psychological reserves. Though frailty results from ageing, it is not an inevitable part of ageing. Like diabetes or Alzheimer’s disease, frailty is a long-term condition. An individual’s degree of frailty is not static. It may be made better or worse, depending on the care received when an individual presents to a health professional.” (BGS, 2017).

For the purposes of the FFRM, frailty presentations will be classified as the following symptoms:

Falls (e.g. Collapse, legs gave way, ‘found lying on floor’);

Immobility (e.g. Sudden change in mobility, ‘gone off legs’ ‘stuck in toilet’);

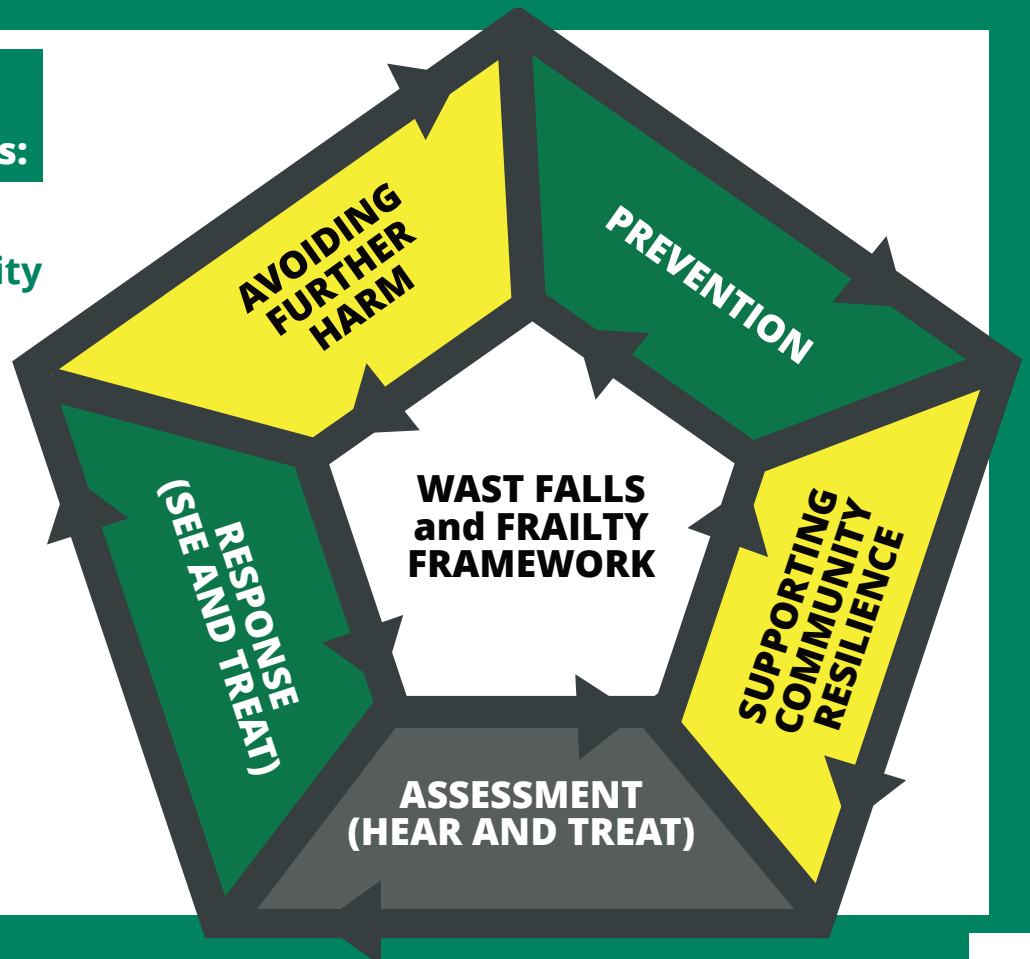
Delirium (e.g. Acute confusion, ‘muddledness’ sudden worsening of confusion in someone with previous dementia or known memory loss);

Incontinence (e.g. Change in continence- new onset or worsening of urinating or faecal incontinence);

Susceptibility to side effects of medication (e.g. Confusion with codeine, hypotension with antidepressants). (BGS, 2017, p.8)

The Falls and Frailty Framework (FFF) focuses on 5 key areas:

- Prevention
- Supporting Community Resilience
- Assessment (Hear and Treat)
- Response (See and Treat)
- Avoiding Further Harm



Prevention

The nature of all our services places the Trust in direct contact with patients, families, and carers and we recognise that our contact with the public, often in their own homes, provides a unique and valuable opportunity to not only assess the patient themselves, but also the environment in which they live. Additionally, we are often able to holistically assess for factors that may increase a person's risk of Falling and risk of Frailty.

Patients experiencing a new onset or worsening of Frailty syndromes can access various areas of the service at different times. This could include accessing 111 for advice and support, receiving transport via the Non-Emergency Patient Transport Service, or receiving emergency/urgent care to prevent deterioration within a crisis. Through all the various access points, by which people can contact the Trust, it is vital that each opportunity is afforded in preventing falls and the progression of frailty symptoms.

Fundamentally this requires us as an organisation to rapidly recognise a new need or deterioration within the patient's baseline, signpost patients as appropriate and encourage patients to seek access to community-based or third sector provided services.

The NHS 111 Wales service provides free health information and advice, access to urgent out-of-hours primary care, such as a doctor or nurse and can signpost patients to the most appropriate service to use. Additionally, the website will ensure patients are provided with the most up-to-date advice in relation to their presentation and where to access further support if required.

Ideally each geographical location will have access to prevention services, which will assist patients to access individualised advice/support. This will range from strength/balance exercise programmes through to specialist Falls/Bone Health teams and Frailty assessment services. Patients who are at risk of falling, or who experience a new onset or worsening of frailty should have access to these services, to receive personalised advice and guidance.

Following care by ambulance staff, patients who have experienced a fall or frailty presentation should be referred to local based services. The timeframe for follow up regarding a referral should be agreed at the point of referral. Same Day Emergency Care (SDEC) facilities and/or rapid community assessment services should be considered, if available, to support patients who remain at home, following short periods of care/treatment. In addition to onward referrals, after an ambulance response (telephone or face to face), the patient should be provided with adequate safety netting and support. This includes advice on deteriorating conditions and when to seek advice and who to contact. The advice provided will be different based on availability and community-based services.

When considering Frailty prevention advice, the key modifiable influences are physical activity (resistance exercise), diet and reduction in incidence of obesity (BGS, 2017).

Non-Emergency Patient Transport Services (NEPTS)

Every day, NEPTS colleagues enter patients' homes to provide care and transport to routine hospital and clinical appointments.

Often staff will develop long term relationships with patients and will frequently notice when small changes occur within the individual's lifestyle or personal circumstances. NEPTS staff can assess potential hazards and signs of service user's deterioration, within their own home and support the individual by encouraging them to self-refer or if necessary, complete the referral on their behalf. The Trust will ensure that appropriate links exist between NEPTS and local authority/social care, to ensure patients who have an increased risk of falling or frailty are quickly assessed to prevent deterioration, and reduce hospital admission.



Supporting Community Resilience

Wider system pressures and high levels of demand continue to impact ambulance services.

As a result of the significant operating pressures, as an organisation the Trust are sometimes unable to deliver timely, effective responses to patients who are waiting within the community. To ensure ambulance resources are available to attend to those patients who require an emergency response, community resilience is vitally important to assist in caring and supporting patients within their own homes. Often the community support, availability of services and ease of access can be the difference between someone requiring hospital admission, as opposed to remaining at home.

When considering Community Resilience in the context of the Falls and Frailty Model, the key elements are:

- Care Homes and Domiciliary Care Providers;
- Volunteer Response including Community First Responders;
- Community-Based Response Services;
- Fire and Rescue Falls Responders.

Care Homes and Domiciliary Care Providers

Within Wales there are over 1,000 registered Care Homes (nursing and residential homes). The Trust are often called to attend patients who have experienced a fall or are experiencing a new onset or worsening of frailty within the care home setting.

It is unacceptable for care providers to routinely make requests for an emergency ambulance response to lift patients who have not sustained an injury or who have lower acuity frailty presentations, which could be managed within the home. Blanket 'no lift' policies are not acceptable and should not be adopted in relation to moving and handling procedures. WAST recognises that there is significant variation in the assessment, treatment and care of patients who have predominantly experienced a fall. Often confidence, training and governance procedures within the care home setting are key to ensure safe, robust process. WAST will support care homes and local authority commissioners to understand specific concerns and seek opportunities for improvement.

The Clinical Support Desk (CSD) and NHS 111 Wales have a key role in ensuring care homes are supported within their decision making, and to ensure appropriate utilisation of equipment that may be readily available. For example, following an appropriate telephone triage, a patient presenting with a minor injury could be safely lifted off the floor by care home staff.

The Trust has been working with various care homes to support the safe lifting of patients who have experienced a fall without the need to call 999. We have undertaken demand analysis of where we receive frequent calls from Care Homes relating to falls and worked with these homes to procure appropriate lifting aids and provided training and support to staff. In addition, we have worked with external partners such as local authorities who are supporting and rolling out the ISTUMBLE tool. In 2018 the Trust, in collaboration with Welsh Government and the Emergency Ambulance Service Commissioner (EASC), identified a total of 604 care homes which qualified for the issuing of lifting equipment and training.

Nationally, equipment was delivered to the care homes and was completed by March 2019. A two-hour training programme was provided to staff within the care home, which included the importance of good decision making after a fall, the use of the ISTUMBLE tool and the use of the Mangar Camel lifting cushion. A further audit of care home data has recently been undertaken and this will determine the next steps in relation to improvement.



Volunteer Response including Community First Responders

A key element of supporting community resilience is valuing the contribution of our volunteers.

The Trust is fortunate to have more than 2,000 volunteers who provide valuable support to our services, whether as Volunteer Car Drivers or as Community First Responders (CFRs). One of the key workstreams for our Improvement Plan was to scale up the contribution of our CFR teams to respond to patients who had fallen, but were uninjured and required support off the floor. Following the purchase of additional lifting aids we have now been able to support additional teams across Wales to respond to this level of need. This work will continue as part of the Falls and Frailty Framework and is a key element of our Falls and Frailty Response Model.

Community-Based Response Services

There are various community-based response services that can and may be able to support WAST to provide a timely effective response.

The Welsh Ambulance Service is actively engaging with health boards, local authorities, and communities to support community-based response services. This could include district nursing teams, rapid response teams and community assistance teams. Dependent upon their skills and abilities, teams can respond and provide care to patients while waiting for a response or as an alternative to an ambulance response. WAST will ensure that organisations who provide this level of response have a recognised Service Level Agreement and follow a set Standard Operating Procedure.

Fire and Rescue Service Responders

Fire Service Responders are trained and equipped to assess and safely lift patients who have experienced non-injurious and possible injurious falls.

Fire Service Responders can provide basic first aid within their trained competency level. Additional support is provided by WAST clinical support teams to ensure safe treatment for patients, appropriateness of non-conveyance or

need for an emergency ambulance response. Where non-conveyance is appropriate, WAST clinical support teams will identify alternative care pathways to support the ongoing care of the patient, where needed.

Falls and Frailty Response Model (FFRM)

Assessment (Hear and Treat - Consult and Close)

Our proposed FFRM describes three broad levels of response for falls and frailty related incidents. To ensure that the appropriate response is sent according to need, the telephone assessment needs to be robust and effective. In addition, the continued development of our Clinical Desk in the Clinical Contact Centres is critical. This will enable a robust governance structure around response capable resources (Ambulance and Community), facilitating and supporting partnership with other agencies and third sector organisations to meet local community's needs. NHS 111 Wales is key to the assessment of incidents when an alternative resource arrives on scene, as the clinician ensures the patient has been safely lifted off the floor or the appropriate assessment has been provided.

In the event of a fall, they will then refer the patient to an appropriate primary care provider, or if injury is indicated, ensure the response is categorised appropriately and an appropriate response is sent. If the incident is in relation to a frailty presentation the CSD/111 team will ensure patients receive a specialist, multidisciplinary response service, where available and appropriate.

We have developed a model that recognises that not all falls or presentation of frailty related conditions will require an emergency ambulance response, and that many people do not need to be conveyed to hospital. The model on page 12 describes our proposed Falls and Frailty Response Model and is based on Prudent Healthcare principles.



“The nature of all our services places us in direct contact with patients, families, and carers.”

The Trust has various teams who can respond to patients who have experienced a fall or frailty presentation. These alternative ambulance response teams include, but is not limited to:

Falls Assistant's (including Community First Responders with extended skills)

This is a non-clinical role, where the assistant attends to falls and frailty incidents. This includes, but is not limited to, assisting patients to get up safely from the floor and/or completing a basic set of observations. This will assist the CCC to determine those patients who are at risk of further deterioration or those who require an immediate response. The Falls Assistant (FA) provider will provide Falls Response services for patients who have sustained a fall and/or require a welfare support response following contact via 999. They will provide a timely response for patients who have sustained a 'non-injury' or 'minor injury' fall. On occasions, the FA may be expected to attend incidents where patients have sustained an 'injury' where they are able to provide basic first aid, and administer pain relief. This will always be under the direction of allocation dispatcher and/or Clinicians working within the Clinical Contact Centre. Responders are trained to record clinical observations to include conscious level, heart rate, oxygen saturations, blood pressure and respiratory rate. All of which will then facilitate the calculation of the NEWS score. The FA will work towards a Standard Operating Procedure and will regularly attend refresher training. Currently the FA response provision is provided by St John Ambulance Cymru and provides at least one FA response in each of the Health Board areas.

Falls Response Services (FRS) /Frailty and Falls Response Services (FFRS)

The FRS and FFRS teams provide a multidisciplinary Allied Health Professional response consisting of either a Nurse, Paramedic or Advanced Paramedic Practitioner and a Therapist (Physiotherapist or Occupational Therapist), who can respond to complex falls and frailty related presentations. The team can provide an integrated service to patients who have accessed the unscheduled '999' system. Through the provision of timely response, followed by a full medical and social assessment at the point of need, patients can be successfully signposted to the most appropriate alternative care pathway(s). This will ultimately reduce unnecessary admissions to the emergency department through collaborative, coordinated service delivery.

The skills of the team can assist in providing an urgent response to patients who are deemed a 'lower clinical priority' to reduce further harm as a result of extended periods of 'long lie' on the floor. They are also able to provide an emergency response to patients who are deemed 'complex' and require a significant level of intervention to prevent admissions to acute settings, both from a fall or frailty related presentation.

Responders will need to have access to appropriate pathways which includes timely access to community-based services, which are responsive to the patient's clinical and social needs. The teams will operate to a specific Standard Operating Procedure, which will differ dependant on the local levels of access to individual support services.

Assessment (Response)

Our Falls and Frailty Response Model describes three broad levels of response. Each level of response represents the clinical acuity and likely risk for deterioration of the patient. The higher the level of response the more likely that an ambulance response is required. The lower level of response would indicate an increased opportunity to utilise an alternative community or Trust response. The levels are a guide for clinicians based on the information received at the time of call, and to determine the most appropriate type of response in relation to the patients presenting condition.

Responses provided by Falls Assistants, Falls Response Services and others can be provided to various levels of response, however, are most likely to be effective within the Level 1 or 2 of the response model. Patients who require a Level 3 or Ambulance Response will ultimately require transportation to hospital and therefore may not be suitable for an alternative response. Those patients who have been classified as Level 1/Level 2 would likely be cared for at home. However, if their waiting time is extended or concern is noted, it may be appropriate, following clinical triage, to commit an alternative WAST or community response in the interim.

Within the CCC, specific codes have been deemed suitable for Falls Assistant resources to attend without the need for an initial Clinical Support Desk (CSD) triage. Additionally, Standard Operating Procedures (SOPs) have been developed, which detail the scope and operating remit of specialist response teams. Teams should refer to specific guidance and local directives where appropriate.

The 3 broad Levels of Falls and Frailty Response are as follows:

- **Level 3 Emergency Ambulance Response:**
Fall: Serious injury; Serious illness.
- **Level 2 Response:**
Fall: Minor injury/possible injury concern.
Frailty: New onset or worsening of a frailty symptom.
- **Level 1 Response:**
Fall: Concern for welfare, no known injury.
Frailty: No new onset or worsening of a frailty symptom.

LEVEL 3

Fall and Frailty: Serious injury/ illness
EMERGENCY AMBULANCE

LEVEL 2

Fall: Minor injury/ possible injury
Frailty: New onset or worsening of frailty

LEVEL 1

Fall: No known injury/ concern for welfare
Frailty: No new onset of frailty or worsening of frailty



CLINICAL TRIAGE AND ASSESSMENT

Level 1:

In 2017, 3,708 verified incidents were for non/minor injury falls. While this only accounts for 5.93% of the total Code 17 calls (62,488), these calls have the potential to escalate from a green call to an amber call the longer the person is on the floor. At times of peak demand, these calls slip further down the 'stack' as calls of higher assessed priority come into the service. The long waits that result for people in this situation has been a theme of our complaints and concerns and identified in some of our Serious Adverse Incidents.

Where there is no evidence of a new onset or worsening of frailty, then a patient may benefit from a Level 1 response.

In summary, timeliness of response to these calls is the most important priority to prevent further harm occurring.

Ideal Response:

The ideal response for this type of incident would be a Falls Assistant. However, if this response is unavailable, then a Falls Response Service Response or other alternative should be considered.

Level 3:

Where a Hear and Treat assessment has identified that a person has suffered a serious injury because of a fall, an emergency ambulance response will be deployed. Within this part of the model effective pathways need to be in place, e.g. Fractured Neck of Femur (NOF) pathways. Such pathways ensure that people are admitted to the right place and avoid, where possible, busy Emergency Departments at a hospital.

Level 2:

A Level 2 response is required either where it is unclear if there is an injury or not or where the patient has co-morbidities or complex needs. Additionally, this level of response would include those patients experiencing a new onset or worsening of frailty.

Patients within this level of response often require a comprehensive assessment of the person in their own home and implementation of an appropriate care plan according to need. Patients experiencing complexity, whether from a fall or frailty will often require access to specialist, responsive community services.

Ideal Response:

The ideal response for this type of incident would be a Falls Response Service or Falls and Frailty Response Service team. If this response is unavailable, then a Falls Assistant Response or other alternative should be considered. A specialist multi-disciplinary team, can provide appropriate follow up (remotely or at scene) if required, to support the patient to remain at home.

Additionally, where a patient experiences a Frailty presentation that leads to serious illness, patients should be sent an emergency response.

Ideal Response:

The ideal response for this type of incident would be an Emergency Ambulance. If an Emergency Ambulance response is unavailable, then a Falls Assistant or alternative response could be considered. This is where it may be necessary to provide adequate pain relief and/or eyes on patient assessment, to inform clinical decision making.

Avoiding Further Harm

Identification of frailty and access to falls/frailty pathways

Falls and Frailty are intrinsically linked. Early recognition of frailty presentations is very important to ensure patients are able to access the appropriate community services to support them in remaining active and independent. WAST will ensure staff are able to identify Frailty through recognised frailty screening tools and have access to services which prevent deterioration. Availability and responsiveness of community-based services is crucial to ensure patients are provided with the correct self-care advice.

Prevention of Pressure areas

Pressure ulcers, commonly known as bedsores can develop due to increased pressure on the skin leading to injury/damage. We have commenced work with the Welsh Wound Innovation Centre and Maureen Fallon (leading on recommendations from the Flynn Report) identifying the pressure injury prevention strategies that need to be established within WAST.

We recognise that there are a number of contributing factors that increase a person's risk of developing pressure ulcers, such as:

- **Extended period of time on the floor waiting for a See and Treat assessment;**
- **Long journey times in the back of an ambulance on a hard stretcher;**
- **Motion of the vehicle while in transit that can cause friction to the skin;**
- **Extended waiting times in the back of an ambulance on a hard stretcher outside Emergency Departments.**

Within this part of the Framework, we will be developing our strategies for pressure ulcer awareness and ways in which we can improve our service to contribute to the national ongoing work in this area.



“Improvements range from prevention, through to supporting communities and local services to provide the right care at the right time within the right place.”



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