

**The Scottish Ambulance Service initiative to improve patients' care journey after a fall with no injury.**

The Scottish Ambulance Service in 2019, we received 62,651 emergency calls for someone who had fallen. 60,299 of these falls happened at ground level.

The Service strives to treat every patient as an individual, offering and providing patient centred care whenever and wherever this is required. It is the ambition of the Service to provide the highest quality of care in a home or homely environment and reduce unnecessary conveyance of patients to hospital.

Our aim is to establish and deliver Falls Pathways that cover the whole of Scotland, where ambulance crews can refer patients in need to community services where A&E presentation is not required. We often hear from patients and carers that they do not wish to attend A&E but have called 999 for fear of injury due to a fall. A high number of those who have fallen and have been taken to A&E are found to be then discharged the same day or soon after. Therefore, The Scottish Ambulance Service is keen to improve referral and treatment options and offer patients the right service for them and their individual needs. Often this can be referral to community services and not attending A&E.

Community health and social care partnerships are well developed throughout Scotland and offer specialist advice in support, rehabilitation and education after a fall.

It is the hope of the Scottish Ambulance Service to support our crews in improving community services referral when attending calls to uninjured fallers. We also want to provide patients with informed advice and assessment to direct them to the most appropriate local service for their needs.

We are asking for your engagement as we are keen to hear views as a leading voice in the community and ensuring lived experience is incorporated throughout our decision making.

Our hope is that with your support and robust patient feedback, we can work to establish pathways in all 31 Independent Health Boards to provide our crews with access to community services for fall patients across Scotland.

## About you

### What is your name?

Claire Cairns

### What is your email address?

coalition@carersnet.org

### Are you responding as an individual or an organisation?

Organisation

### What is your organisation?

I am responding on behalf of the National Carer Organisations.

The National Carer Organisations are The Coalition of Carers in Scotland, Carers Scotland, Carers Trust Scotland Crossroads Caring Scotland, MECOP, Shared Care Scotland, Scottish Young Carers Services Alliance.

### The Scottish Ambulance Service would like your permission to publish your consultation response. Please indicate your publishing preference:

Yes

## Questions

**1. Our priorities for our Remobilisation Plan 2020 sets out Service ambitions for Alternative Pathways, and they are what we think will transform care in Scotland over 10 years. The chief priority being: to treat people who have fallen in their home at home, refer them to local care services, and not simply transfer them to A&E, where possible.**

### Is this an important priority?

Yes, we have conducted a survey with carers and their responses would indicate that this is an important issue for them

### If no, what priorities do you think will deliver better care for people containing The Scottish Ambulance Service for a fall?

We did not ask this question in our consultation

**2. At time of restricted budgets in the NHS, one of the early actions we may take is to deploy a third-part service to support our patients that have fallen on a case-by-case basis, if that is deemed an appropriate resource.**

**How do you feel about this, and are there any other actions that you think we need to take to improve care for falls patients in Scotland?**

We conducted an online poll with carers known to the Coalition of Carers in Scotland, using our Facebook Page. We asked carers the following question:

The Scottish Ambulance Service are looking at ways to improve a patient's care journey after they have had a fall (but with no injury) and would like some feedback on their proposal.

Currently many patients who have a fall do not wish to attend A&E but they call 999 for fear of injury due to a fall. A high number of those who have fallen and have been taken to A&E are found to be then discharged the same day or soon after.

The Scottish Ambulance Service are proposing that if a person has a fall in their own home and calls 999, then the ambulance service will assess the person for injuries. If there are no injuries then they will refer them to local community services instead of taking them to A&E. Do you support this proposal - ie if a person has a fall ( and no injuries) they should be referred to local community services instead of A&E?

We received 217 responses to our survey.

85% responded – Yes (refer to local services)

16% responded – No (take to A&E)

We also received a variety of comments from carers. These are included as an Appendix. The issues raised can be summarised as:

### **Questions Raised by Carers & Issues to Consider**

- What community service would be used and will they be able to respond in a timely manner?
- Is the reason for the fall established?
- Do they know the persons history? For example, medical conditions and history of previous falls? This would be essential information in deciding if they need to go to A&E. For example, one carer pointed out the risk she would be in due to a history of bleeding and clots
- If the person is in pain and they cannot find the source of pain, then they need a trip to A&E
- The person may not always have capacity, due to dementia, learning disability or mental health. If so, it would be difficult to determine the full picture required to make a decision.

## Summary of Views on the Proposal

- Concerns about the capacity of community services to respond was mentioned by several carers. They are already very stretched and many currently aren't operating due to Covid-19. Would there be extra resources put into the community to enable them to respond promptly?
- Some people felt that it needs to be looked at on an individual basis
- Some people were of the view that if people call for an ambulance it is because they are generally injured and need to go to A&E
- While in agreement with this approach it was suggested that the fall should be recorded and any second or subsequent fall should be investigated
- The key thing is identifying the risk of falls and managing it well before the falls happen
- Often action to support someone is only taken following a trip to hospital, there were therefore concerns that this would shut down this route to support
- There was scepticism from many carers who felt this was another way of diverting resources away from people who need them
- One person raised concerns about internal bleeding, which would not necessarily be picked up by the paramedics and would require a hospital visit to rule out

### 3. What do you want our care for falls patients in Scotland to look like in 10 years' time?

We did not cover this question in our consultation with carers

### 4. Please provide any further comment.

The consultation we held with carers on this issue was very limited and should only be viewed as a snapshot of how carers feel about this proposal.

If it is taken forward we believe there needs to be further engagement with carers and carers should also be involved in the development of the proposal if it is approved. For example, there are several questions and issues raised by carers and it would be helpful if they were involved in setting out the parameters of how this would work in practice.

### Evaluation

Please help us improve our engagement by answering the questions below. (Responses to the evaluation will not be published.)

### 5. How satisfied were you with this engagement, and is there methods you would prefer?

I would prefer the option of an online form

## Appendix – Comments received from carers

- Think it depends, Is it a first time fall? Is the reason for fall established?. I would think giving paramedics the ability to choose which route is best based on patients history would be best. But as others have said what community service ... Only if they can offer the care needed in a timely manner
- I don't know whether we have all the information we need to form an opinion. If someone thinks they might be injured, surely they're in pain whether you find the source of that pain or not? If you don't know why they're in pain, isn't a trip to A&E prudent anyway?
- What kind of "community service" would people be taken to as an alternative? Their GP?
- Hi...I think it needs looking at on individual basis...I for one would fall into the "thats risky" category given I have a history of bleeding, clots and rare issues...when I lived in Haddington my community options would ALWAYS send me to Edinburgh for assessment...generally they'd keep me overnight to check, run bloods and check again. The same applies to my 90yo grandad who can be just as complex...we are both on blood thinners...internal issues don't always show immediately and its not always easy to assess on the spot...for those without such complications its perhaps more sensible.
- Falls are sometimes accidental clumsiness (I took a dive on my frozen back steps this winter with some minor lacerations to my elbow) , sometimes neurological, sometimes all kinds of reason: but they are incredibly common. Following the usual safety checks, an in-home assessment by the Primary Care Team, is almost always to be preferred to hospital admission.
- I'm having difficulty understanding why someone who isn't injured would call A&E and what kind of help would be more appropriate. "Community services" sounds deliberately vague.
- It's tricky. My Mum wasn't a usual faller, but she died two years ago: she fell in her bedroom after visiting the toilet, I assume after another small heart attack. She was 95, and had a DNR in place: this was a good death by any measure. I would have been disgusted if the crash team had been called in: elderly and dying people are entitled to respect, and not being treated as 'victims'.
- Yes but should be recorded. If a second or subsequent fall, should be investigated. Transport must be available to take the patient home asap
- As long as local community service attend quick enough.. There should be a patient centred approach. One size doesn't fit all
- A&E isn't the most appropriate place for a person who hasn't actually got any injuries, I would hope it would be identified that someone was high risk of falls and this managed accordingly well before any falls actually happened

- Providing of course local services respond immediately and don't leave someone waiting alone for days as the wheels as we all know grind very slowly!
- Having seen on many an occasion though it takes a trip to A+E and hospital involvement before anything happens I am sceptical!
- If it takes four hours for an ambulance to turn up after a 74 yr old falls & breaks her hip & is lying at the bottom of her stairs & then only for the 74 yr olds neighbours after four hours waiting, phoning again & stating the 74 yr old has now lost consciousness (white lie) due to 74 yr old being in terrible pain - I would hate to think the length of waiting time for an ambulance for non-injured elderly people to be checked out either for direction of A & E dept or referral re local community service - God help them.
- Local community services are inadequate to meet the needs of people as it is. All they are doing here is placing further demands on already stretched, and inadequate service provision. Making out to be looking at what the patient wants.
- There will also no doubt become issues with priority, leaving some vulnerable without as funding and services get diverted to meet immediate demands!
- I really fear for what will be offered in the community for PMLD in adult health service provision.
- I prefer local services but have community alarm system and fall detector in place.
- Worst thing to happen was to do away with after hours for GP's. At least they knew you and could then refer on.
- Yes, refer to local services, but need real time eyes via video link to injury to diagnose.
- If you refer to local services - It needs to be something that is actionable.
- Local services are poor, and quite often ending up in A&E moves the process of accessing appropriate support along. Shouldn't be that way, but...
- Not in favour of this especially with the elderly as great as the ambulance service are they can't diagnose internal bleeding without scanning