



London Ambulance Service
NHS Trust



A Joint Pilot Between the London Ambulance Service and Royal Voluntary Service

Q-VOLUNTEERING WORKSHOP

11 DECEMBER 2018; GLAZIERS HALL, LONDON

Briony Sloper
Deputy Director of Nursing and Quality

Challenges...

- Performance pressure on the whole emergency system
- Resources will not grow as they have in the past
- Public education does not reduce demand
- Community services and Social care under pressure
- Maintaining quality and safety – specifically vulnerable patient groups
- Mental Health crisis calls and End of Life Care calls are growing The longest on scene times for staff and emotionally challenging
- Frailty, Falls, Social Isolation increasing and predicted to grow exponentially
- Workforce currently isn't representative of the communities it serves
- We can't rely on doing the same as before.....

Scope

- In this pilot we had a focus on **recruiting volunteers from underrepresented groups** to provide an adjunct service to frequent fallers in the community who have called 999 and where the London Ambulance Service (LAS) responded.
- The pilot operated in two boroughs of London - Merton (South London) and Hackney (North London)
- We know **that exercise as a stand-alone intervention can prevent falls in community dwelling older people** (Sherrington C et al., 2017) and that targeted resistance-based exercises can significantly reduce frailty in older adults (Public Health England, 2016, Health Matters)
- According to the King's Fund (2013) falls account for around **40 per cent** of all ambulance call-outs to the homes of people over 65 and are a leading cause of older people's use of hospital beds.

Scope

- Royal Voluntary Service partnered with the London Ambulance Service to test a new model of '**mobility volunteers**' to improve physical function and wellbeing of those who fell frequently and called 999.
- Volunteers received training in Move it or Lose it! resistance based exercise, nutrition and hydration.
- Following a home assessment by Royal Voluntary Service staff, volunteers were paired with clients for 1 to 1 exercises lasting 45 to 60 mins per week for 6 to 8 weeks. All exercises were targeted at activities which aid people in regaining or maintaining their independence - such as leg strengthening exercises which will help them get out of a chair or off a toilet or arm exercises which will help them get dressed and out of bed.

Scope

- The exercises sessions use music and other props (e.g. balls to improve dexterity) to make it fun and non-clinical. Volunteers would also set 'homework' for clients to do and call once during the week to provide encouragement or serve as a reminder to do the exercises.
- Throughout the 6 weeks, volunteers would also discuss the importance of proper nutrition (e.g. protein rich meals) and staying well hydrated as a way of preventing falls and improving physical function.
- Key messages around nutrition and hydration were reiterated at each week to remind clients to eat well and stay hydrated.

Recruitment

Project Lead recruited to oversee the programme, physiotherapist from a BAME background

Volunteers:-

- Local media advertising
- Local community volunteering services
 - Local Faith Groups

Clients:-

- Frequent fallers calling 999
 - Local falls teams
 - GP's

Recruitment

- Volunteers invited to orientation and training days, London Ambulance Service and RVS provided this jointly
- Royal Voluntary Service received referrals from LAS and partnering services for those who are mainly homebound and who have had a fall within the last year, but priority was given for those who have fallen in the last 6 weeks.
- Following the conclusion of the 6 weeks sessions, Royal Voluntary Service supported the client to transition to a community exercise programme or other activity that may be of interest to the client to maintain the level of activity and social engagement.
- The first intake of clients was in **November 2017 and the last in May 2018**; in total the pilot was 'live' for 7 months

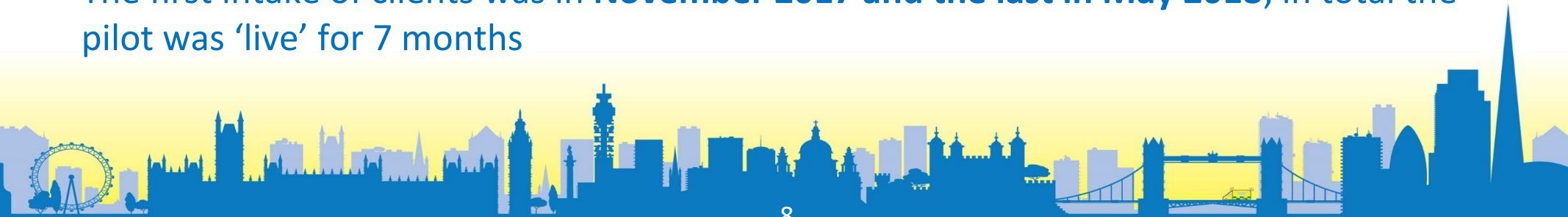


Table 1: Referrals and those who completed the 6 weeks journeys

Total number of referrals	76
Contacted	76
Client declined or unavailable at point of contact	13
Clients assessed	63
Inappropriate e.g. severe dementia / unable to follow or unsuitable for programme	8
Client declined after assessment	3
Client in hospital after assessment	2
Client paired with volunteers	50
Client attrition due to illness (including falls with hospitalisation)	10
Client attrition due to poor compliance to programme	2
Client attrition as declined to continue (reasons include poor spousal health, changed mind, absenteeism)	7
Total number completing 6 weeks	31
Total volunteer hours given	242

Table 2: Ethnicity of clients

	White British	White other	Black Africa	Black Caribbean	Indian	Total
Merton	4	5	0	3	1	13
Hackney	5	3	3	7	0	18
Total	9	8	3	10	1	31

Table 3: Age of clients

The majority of clients were 85 years and older – 55%; 7 (41%) of which were over 90.

	Total	65-74	75-84	85+
Male	9	1	4	4
Female	22	3	6	13
Total	31	4	10	17

Table 4: Ethnicity of volunteers

34 were trained through the lifetime of the pilot and a total of 16 remained active at the close of the project.

	White British	White other	Black Africa	Arab	Bangladeshi	Other Asian	Mixed	Total
Merton	6	1	8	1	0	0	0	16
Hackney	6	3	4	0	1	2	2	18
Total	12	4	12	1	1	2	2	34

Table 5: Age of volunteers

	Total	<18	18-23	24-29	30-35	36-41	42-47	48-53	54-59	60-65
Male	7		1	2	1	2			1	
Female	27	1	4	6	3	2	3	3	3	2
Total	34	1	5	8	4	4	3	3	4	3

Although there is no comparison group, over half (61%) of clients we worked with had experienced one or more falls in the past 6 weeks. At the end of the 6 week intervention we recorded any falls, calls to 999 and visits to A & E; again these findings are encouraging.

Number of Falls in the last 6 weeks	Before programme	After programme	Percentage change
No fall	12 (39%)	25 (81%)	42
Yes, once or more	19 (61%)	6 (19%)	42

Call to 999 because of a Fall	Before programme	After programme	Percentage change
No	13(42%)	27 (87%)	45
Yes, once or more	18 (58%)	4 (13%)	45

Visited A & E in last 6 weeks	Before programme	After programme	Percentage change
No	16 (52%)	25 (81%)	29
Visited once	9 (29%)	4 (13%)	16
Visited twice or more	6 (19%)	2 (6%)	13

Physical Function

The majority of clients showed improved physical function after 6 weeks. **58% improved** on the 30-second Sit to Stand test and almost **70% made improvements** on walking or gait speed in the Timed

30-second Sit to Stand	Numbers	%
Improved	18	58
Decline	3	10
Same	10	32
Total	31	100

Timed Up & Go (TUG)	Numbers	%
Improved	21	70
Declined	6	20
Same	3	10
Total	30*	100

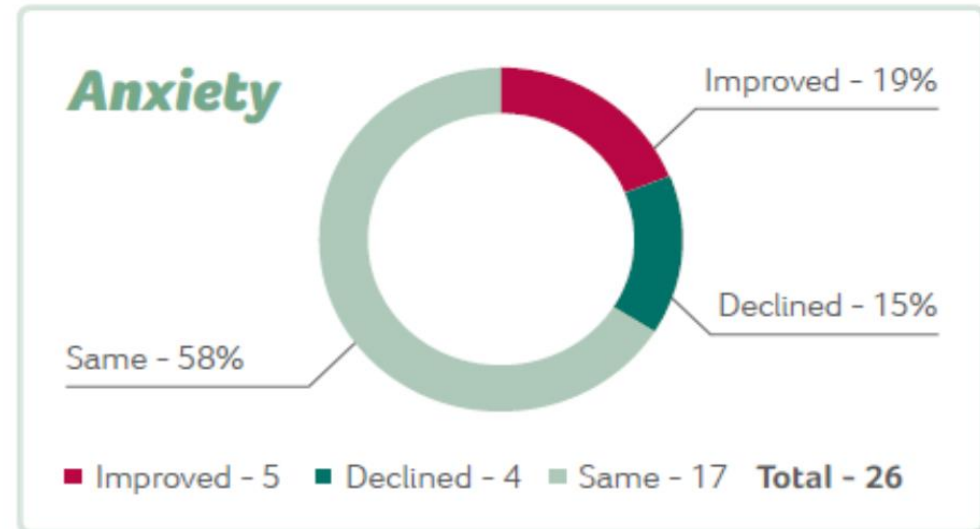
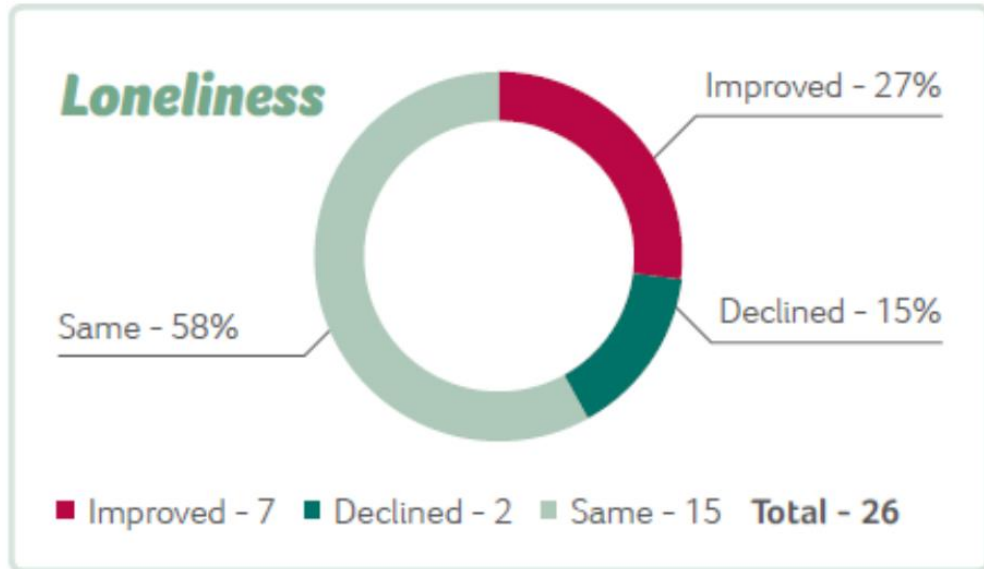


Wellbeing

Five clients were unable to answer the wellbeing questions because of poor cognition/comprehension.

Just over one in four felt their health had improved and just over one in 3 felt happier and more confident.

About one in 5 felt less anxious and just over one in 4 felt less lonely.



Confidence



■ Improved - 8 ■ Declined - 2 ■ Same - 16 **Total - 26**

Health



■ Improved - 7 ■ Declined - 2 ■ Same - 17 **Total - 26**

Happiness



■ Improved - 8 ■ Declined - 6 ■ Same - 12 **Total - 26**



15 different press articles.....

NURSING OLDER PEOPLE

NEWS

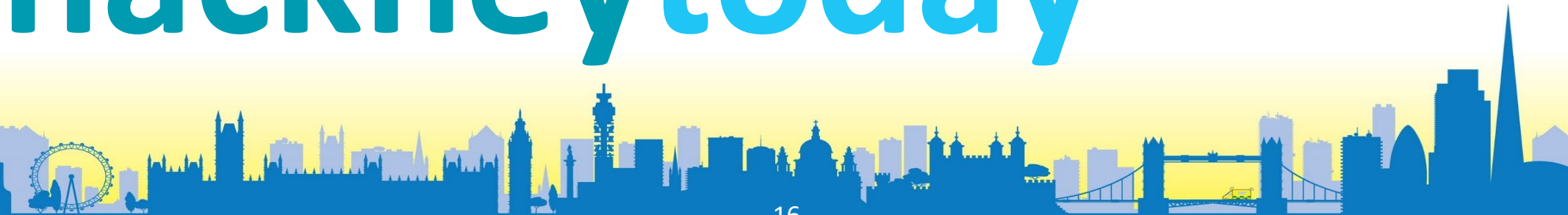
**Volunteers help reduce calls to 999 made by frail
older people due to falls**

hackneytoday

HEALTHCARE
LEADER

Taking the health service forward

THE COMMISSIONING
review



Volunteer Feedback

“Even though we only had 6 weeks with each client, the feeling of making them so happy to visit them each week and to give them a little bit of help was very rewarding. I found the programme interesting but also challenging to see some elderly with such a lack of ability to do anything and to find a way to effectively help them considering their age and their state of health.” Kimi, Personal trainer, aged 39

*“I work in a primary school as a teaching assistant and wanted to gain experience working with older people. The time I see them might be the only time they have interacting with someone who is not a carer or a family member given that their social interaction is limited by being homebound.”
Christiana, Prospective medical student, aged 25*

Learning

- **Set-up time, buy-in and falls referral pathway-** use of champions at recruitment events, embed the programme in the local falls referral pathway/stakeholder engagement
- **The role of primary care**
- **To identify and provide early intervention for higher functioning individuals with acute falls**
- **Length of intervention** -to consider the dosage of exercise sessions in the programme
- **Motivation** -to further involve family and friends for optimal outcomes
- **Sustainability** -to have volunteers assist with clients in attending community activities.

Summary and Conclusions

- The pilot sought to test the potential role of volunteers, focussing on working with BAME communities, to lessen the number of falls in the community with the goal of reducing the demands on both the ambulance service and hospitals and improving outcomes in later life through mobility volunteers.
- We were able to achieve a reduction in 42% of falls in the community and 29% less A & E admissions. Although only 31 out of 63 individuals assessed were able to complete the programme, both volunteers and clients alike gave very positive feedback and clients showed improvements not only in physical functions (e.g. sit-to-stand, gait speed) but also in their sense of wellbeing (e.g. perception of health, happiness, confidence, anxiety and loneliness).



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Thank you ... any questions?

