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1. Rationale and objectives

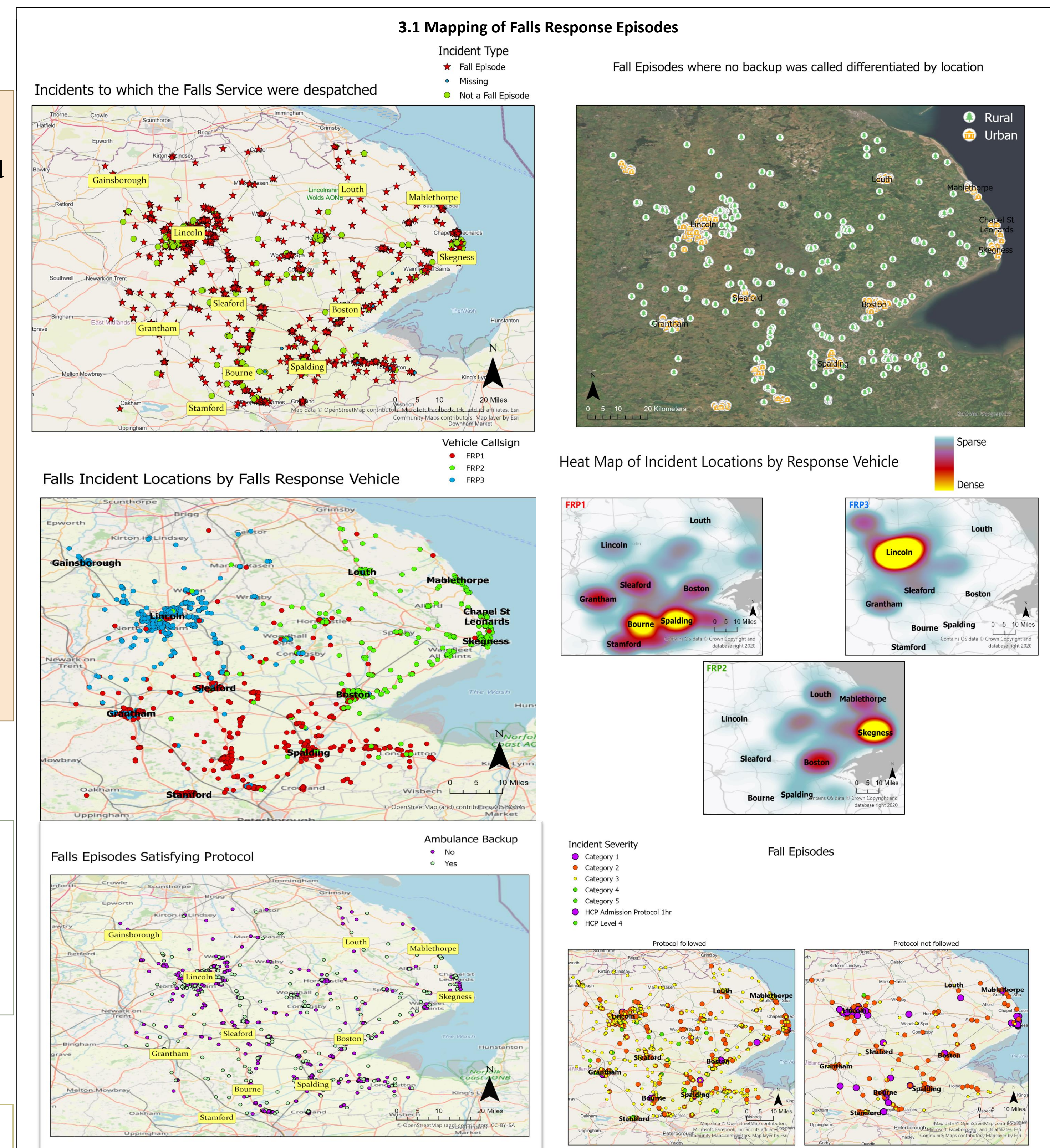
- Falls account for approximately 13% of Emergency Medical Service attendances in the East Midlands.
- The Falls Response Partnership (FRP) was established between LIVES, Lincolnshire County Council, and East Midlands Ambulance Service NHS Trust (EMAS) to provide a safe response for adult patients who fall.
- The FRP utilises vehicles equipped with mobile lifting equipment and is staffed by two Community First Responders (CFRs) from LIVES.
- A model-based economic evaluation of the FRP during the pilot period (December 2018-June 2019) showed improved effectiveness and cost-effectiveness compared to standard care, with the results being inversely linked to the ambulance backup rate after FRP attendance.
- The FRP was recommissioned in February 2020, with three vehicles operating from 8 am to 8 pm daily in both urban and rural areas of Lincolnshire.
- The objective of this study was to assess the performance of the recommissioned FRP based on the benchmarks established during the pilot period.

2. Methods

- Descriptive statistics were applied to routine data collected, and linked, from EMAS and LIVES over the period April 2020-December 2021.
- Information included incident location, timing of response and treatment, ambulance backup, and conveyance.

3. Results

- Overall, the recommissioned FRP service attended 2090 incidents.
- Most attendances were to falls (1793, 85.8%; split urban 57.2%, rural 42.8%), the remainder were to other emergencies (including life-threatening falls) were outside the FRP protocol
- 1,529 falls patients were treated per FRP protocol, an average work rate of 24.1 patients per month per CFR team. Of these, the ambulance backup rate was 51.9% (split 60.2% urban, 39.8% rural). Where backup was sent, 75.4% of patients were conveyed to hospital.



4. Discussions & Conclusion

- Model projections suggest that the recommissioned FRP has become cost saving to the National Health Services (NHS). Including benefit arising from auxiliary use only serves to add further value to the NHS.
- The implementation of a CFR falls scheme, resulted in a decrease in ambulance usage and likely financial savings.
- Application of a model-based economic evaluation (Smith et al., 2020) for over all CFR indicated the estimated average cost is £195 without ambulance backup but increase to £440 when backup is required.

Time Line

