

# Frequent 999 callers cost NHS millions of pounds a year

Ambulance services across England develop programme to change behaviour of emergency 'frequent fliers'

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Ambulance "frequent fliers" who make several 999 calls a year are costing the NHS in England millions of pounds, with experts concerned that some patients develop an unhealthy pattern of dependent behaviour on the service.

Though most callers have genuine unmet medical needs - few are malicious or hoaxers - the scale of the problem becomes evident as hospital A&E departments get to grips with another winter of rising demands on services. Ambulance service leaders and local health commissioners are keen to focus increasingly tight budgets on patients at more imminent risk.

Among more extreme cases reported by ambulance services are:

A patient who called 999 more than 700 times in two years. The estimated costs to the ambulance service over a year was more than £110,000.

A patient who cost NHS England £10,000 in a month.

A patient who made 238 emergency calls over two months at a cost of nearly £40,000.

The London ambulance service says each patient costs on average £7.81 per 999 call. To be further reviewed on the telephone by a clinician costs £64.59, to receive an ambulance and be treated at home is £155.30, and to receive an ambulance and be taken to hospital costs £254.57.

Frequent callers - a term preferred within 999 services to "fliers" - include people with chronic, often multiple conditions, mental health issues, high levels of anxiety, lack of confidence in managing their own problems, and people who feel socially isolated and may be seeking attention.

Frequent callers are defined nationally as people who make more than five calls in a month or 12 in three months, although figures provided by individual ambulance services are sometimes based on different definitions.

NHS clinical commissioning groups and ambulance services across England have embarked on a programme to change that behaviour. An experienced paramedic at the ambulance dispatch centre helps crews on the scene determine whether they should provide advice on the spot, refer the caller to other services or take them to hospital. This person also phones doctors at GP practices to discuss patients' clinical conditions and support crews in considering alternatives to A&E.

Louise Lumby, a GP involved in the scheme, said some frequent callers were genuinely very ill. She said: "Telling somebody off doesn't change behaviour. It is about finding the right service for that patient. I would like to think we have a much better patient journey to care on the back of the fact we have put support in."

North West ambulance service identified 1,456 frequent callers in 2014-15. "Some patients are unaware of what else to do, or who to ring for help, and although we cannot always provide the care they require, patients know that we will respond", it said. "Several patients have unmet care needs, are lonely and may have multiple complex needs that necessitate a multidisciplinary approach to support their health and social care needs appropriately.

"Collaborative working and involving the patient in decision making is vital to ensure that patients are involved, that care is personalised and that each care provider is aware of all input. Unfortunately, support offered is not always accepted, and some patients refuse to engage, and will continue to ring 999."

Rob Cole, consultant paramedic with the West Midlands ambulance service, said the problem was "getting worse in terms of numbers but that is offset by the fact we are considerably better at the management [of the problem]".

South Western ambulance service received 13,231 calls from frequent callers between June and August 2015. It said: "It is important to acknowledge the difference between inappropriate frequent callers and appropriate frequent callers. For example, a patient with unstable angina, end-stage COPD [chronic obstructive pulmonary disease] or a terminal illness meets the definition of a frequent caller but will have regular contact with us for a genuine acute need.

"We work closely with other agencies, including our GP and hospital emergency department colleagues to jointly manage [them]. Since April 2013, we have only issued eight 'restricted send' letters to those frequent callers that we have identified as inappropriate callers that we cannot manage in other ways."

"Restricted send" letters tell patients that the service would no longer send an ambulance in response to a 999 call "other than in exceptional circumstances where clinical staff believe that your life is in imminent danger". They also





## Repeated 999 callers cost the NHS millions: One patient made 700 calls in two years at cost of £10,000 a MONTH

- Each trip to hospital in an ambulance costs the NHS on average £250
- One repeated caller costs the NHS at least £10,000 every month
- Another, who dialled 999 238 times over two years cost almost £40,000
- Ambulance managers said the volume of calls is impacting budgets

By [DAILY MAIL REPORTER](#)

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Frequent ambulance callers who have in some cases each made hundreds of 999 calls a year are costing the NHS millions, NHS trusts claim.

One patient made more than 700 callouts in two years, costing almost £10,000 a month, while another caller dialled 999 238 times, with the responses costing nearly £40,000, The Guardian reported.

Managers at ambulance trusts and clinical commissioning groups (CCGs), which organise local NHS services, say that while they believe most callers have genuine, urgent needs, the volume of calls and associated cost is having an impact on strained budgets.



One patient (not photographed) has made more than 700 call outs in two years costing £10,000 a month

In the capital, London Ambulance Service has revealed that patients cost an average of £7.81 per 999 call. Further costs include £64.59 for individuals to discuss their situation with a clinician.



But once ambulances are called out, costs rise steeply, to £155.30 for treatment at home and £254.57 to be taken to hospital.

Ambulance services say they define frequent callers as people who make more than five calls in a month or 12 in three months. Such patients include people with chronic conditions, mental health issues, anxiety and social isolation who desire attention.

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The trusts and CCGs have launched an initiative which aims to help frequent callers change their behaviour, with experienced paramedics appointed to advise crews on whether they should take callers to hospital or simply provide on-the-spot advice as an alternative to A&E.

Louise Lumby, a GP, said: 'Telling somebody off doesn't change behaviour. It is about finding the right service for that patient. I would like to think we have a much better patient journey to care on the back of the fact we have put support in.'

The extent of the frequent caller problem in just one region was revealed by North West Ambulance Service, which said it had identified 1,456 frequent callers in 2014-15.

The trust said: 'Some patients are unaware of what else to do, or who to ring for help, and although we cannot always provide the care they require, patients know that we will respond.'



The London Ambulance Service revealed that each trip to hospital costs at least £250 (file photograph)

'Several patients have unmet care needs, are lonely and may have multiple complex needs that necessitate a multidisciplinary approach to support their health and social care needs appropriately.

'Collaborative working and involving the patient in decision making is vital to ensure that patients are involved, that care is personalised and that each care provider is aware of all input. Unfortunately, support offered is not always accepted, and some patients refuse to engage, and will continue to ring 999.'

South Western ambulance service said it received 13,231 frequent calls between June and August 2015 alone.

'It is important to acknowledge the difference between inappropriate frequent callers and appropriate frequent callers. For example, a patient with unstable angina, end-stage COPD [chronic obstructive pulmonary disease] or a terminal illness meets the definition of a frequent caller but will have regular contact with us for a genuine acute need,' a spokesman for the service said.

South Western said it has issued eight letters to people whose frequent calls were deemed 'inappropriate' since April 2013.

'We work closely with other agencies, including our GP and hospital emergency department colleagues to jointly manage [them],' the trust added.

Rob Cole, consultant paramedic with West Midlands ambulance service, said the problem with frequent callers was 'getting worse in terms of numbers but that is offset by the fact we are considerably better at the management [of the problem]'.

Jason Scott, a research associate at Newcastle University's Institute of Health and Society, who is researching the problem, said it could be dealt with through legal process - but added: 'The general agreement is that (callers) are doing so because they have some form of perceived unmet health or social care need and the ambulance call is a fall-back position, the last resort.'