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Extended Research Article

Strategies to manage emergency ambulance telephone callers with sustained high needs: the STRETCHED mixed-methods evaluation with linked data

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Disclaimer: This article contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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Plain language summary

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Plain language summary

Ambulance services respond to patients calling with urgent healthcare needs. A small minority of people make very high use of this emergency service. This is of concern to ambulance service staff and commissioners, patients and the wider National Health Service.

Some ambulance services have introduced, in collaboration with other emergency, primary and social care services, in some areas a multidisciplinary approach to the care of people who call the emergency ambulance service frequently. We assessed the effectiveness, safety and costs of this approach in four United Kingdom ambulance services.

Using a nationally agreed definition, we included patients who made 5 or more calls in a month (or 12 or more in 3 months) and compared their outcomes between case management (intervention) and usual care (control) sites within each service.

We discussed the acceptability, successes and challenges of case management with ambulance service managers and other health and social care staff. We spoke to a range of people who had made high use of the emergency ambulance service.

We found no differences in key outcomes for patients between intervention and control sites. Most patients (95.6% of intervention patients; 94.9% of control patients) contacted an emergency healthcare service at least once within a 6-month follow-up period. Mortality within this period was high (10.5% intervention; 14.1% control).

We found variations in approaches to and costs of case management across the four ambulance services, but no systematic differences in emergency treatment costs between intervention and control sites.

Staff recognised a range of possible reasons for calling frequently, with some more suitable to case management than others. Some patients reported deep-seated and complex needs for which other forms of support may not have been available when needed.

Patients who call the emergency ambulance service frequently have high but varied needs. Provision of case management did not reduce further calls to the emergency ambulance service, other emergency healthcare contacts or deaths.

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