

Proactive Outbound Calling to Telecare Service Users During the COVID-19 Outbreak

TEC Programme
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One of the recommendations in the TEC Programme/Local Government Digital Office [Telecare Service Continuity and Covid-19](#) guidance (20.03.20) was that Telecare Service Providers (TSPs) consider outbound calling to support vulnerable service users who are self-isolating and may be experiencing a reduction in contact with services, friends and family. The guidance suggested calls could be made by Telecare staff who are either self-isolating themselves, or by other services and providers, such as third sector partners.

At the time the guidance was produced, local and national initiatives to support people at higher risk of severe illness (such as the shielding initiative) were not yet in place. One of the drivers for introducing proactive outbound calling was national data indicating that two-thirds of people in receipt of telecare do not receive any other formal home care. It was therefore reasonable to assume that a number of telecare service users who were being asked to self isolate, would neither have formal care nor family or others nearby to provide support.

Outbound calling provides an opportunity to check on the wellbeing of service users, identify or anticipate support required and sign post or refer for assistance, when necessary. It also provides an opportunity to check that telecare equipment is working and information held on service users is up to date.

In the days following the issue of the guidance, a number of TSPs increased outbound calling. This represented a shift from usual practice, with outbound calls previously representing, on average 25% of telecare calls and typically being in response to an incoming call, or routine check calls, for example, to check equipment is functioning, or to update a client's records.

This report sets out information, compiled by the TEC Programme, on the approach TSPs have been taking to outbound calling during the COVID-19 outbreak. Information from seven TSPs in Scotland and one TSP in England is included. In addition, information was provided by Midlothian HSCP, which has been carrying out wellbeing calls as part of a COVID-19 initiative to support people living with frailty.

The information gathered has been used to create an [Outbound Calling Checklist](#). At this early stage, with best practice or the impact of outbound calling not yet clear, this is not evidence-based guidance, but aims to support planning, decision-making and implementation for Services considering introducing outbound calling at this time. Understanding the practicalities of outbound calling also has the potential to inform future Telecare Service developments, which focus on shifting to a more proactive approach to supporting service users.

The Outbound Calling Checklist includes seven areas to consider:

1. Purpose of outbound calls
2. Co-ordinating the approach with the wider COVID-19 response
3. Planning outbound calls
4. Target group for outbound calls
5. The staff making the calls
6. Processes – preparing for and making the calls
7. Responding to the needs service users
8. Recording activity and measuring impact.

To date during the COVID-19 outbreak, proactive outbound calling has generally received very positive feedback from service users. Although robust and consistent data on the outcome of calls is not available at this stage, it appears the majority of service users did not require additional support as the result of the calls. However, a number have requested practical support such as assistance with shopping and collecting prescriptions and medications, and/or further calls to check they were managing during isolation.

Thank you to Midlothian HSCP and the Telecare Services listed below that have provided information to date:

- City of Edinburgh
- Dundee
- East Lothian
- Inverclyde
- South Ayrshire
- Stirling
- West Dunbartonshire
- Darlington County Council

This is a living document, which will be updated over time as Services learn more about the practicalities, pitfalls, benefits and outcomes of outbound calling.

Proactive Outbound Calling Checklist

1. The purpose of the outbound calls

Are you clear what you want to accomplish by introducing outbound calling at this time?

2. Coordinating the approach with the wider COVID-19 response

Is it possible to check if other services, organisations or initiatives in your area will be doing outbound calling to the same people, for the same purpose?

If yes, is it possible to link/work with them?

Are you linking with local (or national) services and initiatives to provide assistance and further support when it is required?

3. Planning outbound calling

Is it a one-off call to service users, or do you plan to provide repeat calls?

If you are providing repeat calls, are you clear how you will decide the frequency of calls?

For how long will you continue to provide regular calls?

Do you have an exit strategy?

4. Target group for outbound calls

Are you clear who you will call and why?

Have you prioritised your group using a clear rationale?

5. The staff making the calls

Have you identified who will be making the calls?

Have you identified and provided any equipment or systems required?

Is a script or guidance required and available?

Is training required and been provided?

Is supervision or support available to callers?

6. Processes – preparing for and making the calls

What devices/equipment are staff using to make the calls?

Do you need to inform service users or their families that you will be introducing outbound calling?

Are you routinely asking or identifying through existing records if the person is in the shielded or vulnerable group?

How will you support people with dementia?

Are there any issues with call blocking you need to overcome?

Have you identified how findings and outcomes of the call will be documented and how the person's records will be updated?

Do you have a process in place if there is no answer to the call?

Are there other services you need to notify of the call and the outcome?

If you are asking people to test equipment, have you liaised with the alarm receiving centre so they are aware and have capacity to respond?

Are there any additional steps you need to take to safeguard staff and service-users?

7. Responding to the needs of service users

Are you clear how to manage requests for assistance?

Are you linking with local (or national) services and initiatives to provide assistance and further support– including systems in place to support the Vulnerable Group and the Shielded Group e.g. local council assistance centres?

If yes, have you made formal links – so they are aware you will be sign posting or referring?

8. Recording activity and measuring impact

Are you recording basic metrics, such as the number of calls you are you making, how long the calls last and how many calls require further support or interventions?

How will you know outbound calling is accomplishing what you want it to?

How will you know if outbound calling is having a knock-on effect on other parts of your service or on the wider system (positive or negative)?

How are you capturing your learning from introducing outbound calls?

1. The purpose of proactive outbound calls

Are you clear what you want to accomplish by introducing outbound calling at this time?

Outbound calling can serve a number of purposes. The following reasons were given by TSPs for introducing proactive outbound calls during the COVID-19 outbreak:

Telecare specific

- To check and update information held by the Telecare Service.
- To check the person's telecare devices are working.
- To identify any additional telecare needs at this time. The example was given of the need for a smoke alarm linked to the call centre after a small fire which had not been reported.
- To encourage people to use their alarm should they need assistance, and in some cases need a chat.

Wellbeing and practical support

- To check if the person has any immediate concerns, including health, wellbeing, practical and financial concerns.
- To check on the person's health and wellbeing, including how they are coping.
- To establish if the person has friends, neighbours, family or services that are providing practical support.
- To enable a person to access practical help, such as food shopping and picking up prescriptions.
- To check if the person would like regular calls from the Telecare Service.
- To enable the person to access services that can provide regular calls.
- To establish what technology the person has access to and if they are online.
- To remind people to keep physically active.
- To provide hints and tips on how to prevent falls.

COVID-19 specific

- To check if the person or anyone in their household has symptoms of COVID-19.
- To remind the person about COVID-19 guidance for keeping safe, including physical distancing and handwashing.
- To identify if the person is at higher risk of severe illness or at extremely high risk of severe illness (the shielded group).

2. Coordinating the approach with the wider COVID-19 response

Is it possible to check if other services, organisations or initiatives in your area will be doing outbound calling to the same people, for the same purpose?

If yes, is it possible to link/work with them?

Are you linking with local (or national) services and initiatives to provide assistance and further support when it is required?

During the COVID-19 outbreak, there have been a number of national and local initiatives to identify and support people at higher risk of severe illness who have been advised to self isolate*. To minimise duplication of support efforts, and confusion for people being offered support, a number of Telecare Services have been co-ordinating their proactive outbound calling – both the calling and the subsequent support - with other services and organisations.

Service C is linking with their local authority's Vulnerable and Shielded Persons initiative, and also their Sheltered Housing Wellbeing Contact Service (who are also doing proactive calling).

Service D has found there is a certain amount of duplication between their outbound calling and the calling being done by the Council Helpline, but have found it's an occasional problem only. The Telecare staff liaise with Helpline staff to avoid duplication where possible. When referring on for further support, Telecare staff are also trying to gather and pass on sufficient information to the Social Work First Contact Team so that service users don't have to repeat their story and current circumstances.

Service K, which is not a TSP but is providing outbound calls as part of their COVID-19 response, routinely asks the people they call if they are in the shielded group or the group with higher risk of severe illness. This helps them to identify people who may have already had a phone call, and also people who are entitled to free support.

At this stage, reliable data indicating what percentage of Telecare service users that are in the shielded group is not yet available.

*Initiatives to support people at higher risk of severe illness from COVID-19

The shielded group (see page 5) comprises people with extremely high risk of illness from COVID-19. They will have received a letter from the Chief Medical Officer to inform them they are in this group, which provides further information, including what supports they are entitled to. In some areas these people will be contacted by telephone too.

The vulnerable and high risk group (see page 5) comprises people with higher risk of severe illness. This group can call or email a national or Local Authority helpline for support. They may or may not receive a phone call from their Local Authority.

Groups at Higher Risk of Severe Illness from COVID-19

THE SHIELDED GROUP

The shielded group comprises people with extremely high risk of severe illness from COVID-19.

This group includes people who:

- have had solid organ transplants
- have cancer and are receiving active chemotherapy
- have lung cancer and are either receiving or previously received radical radiotherapy
- have cancers of the blood or bone marrow, such as leukaemia, lymphoma or myeloma who are at any stage of treatment
- are receiving immunotherapy or other continuing antibody treatments for cancer
- are receiving other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
- have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
- have severe chest conditions such as cystic fibrosis or severe asthma and severe COPD
- have rare diseases, including all forms of interstitial lung disease/sarcoidosis, and inborn errors of metabolism (such as SCID and homozygous sickle cell) that significantly increase the risk of infections
- are receiving immunosuppression therapies that significantly increase risk of infection
- are pregnant with significant heart disease (congenital or acquired).

THE VULNERABLE AND HIGH RISK GROUP

The vulnerable and high risk group are at higher risk than the general population of severe illness from COVID-19.

This group includes people who are:

- aged 70 or older (regardless of medical conditions)
- under 70 and instructed to get a flu jab as an adult each year on medical grounds
- pregnant
- It also includes people with:
 - chronic (long-term) respiratory diseases, such as asthma, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
 - chronic heart disease, such as heart failure
 - chronic kidney disease
 - chronic liver disease, such as hepatitis
 - chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
- diabetes
- problems with their spleen – for example, sickle cell disease or if you have had your spleen removed
- a weakened immune system as the result of conditions such as HIV and AIDS, or medicines such as steroid tablets or chemotherapy
- a BMI of 40 or above who are seriously overweight.

Further information can be found on [NHS inform](https://www.nhs.uk).

3. Planning proactive outbound calling

Is it a one-off call to service users, or do you plan to provide repeat calls?

If you are providing repeat calls, are you clear how you will decide the frequency of calls?

For how long will you continue to provide regular calls

Do you have an exit strategy?

Telecare Services introducing outbound proactive calls have taking different approaches in terms of frequency of calls.

On their initial call to service users, **Service C** have been identifying people who would like regular telephone contact and are referring them to community services currently providing an outbound calling service to alleviate some of the isolation being experienced.

Services who are able to provide regular calls have been guided by the service user in terms of deciding call frequency.

Service J has been routinely asking service users how frequently they would like to receive calls – requests include daily calls, every couple of days, and once a week. Many have said there is no need for any further calls.

Service E has found that 20% of people request a further call. The ongoing calls have been made by Council staff, HSCP staff and volunteers who are working together to provide this service.

Some services are not doing repeat calls. Two services reported they had taken in to consideration the longer term impact on the person of introducing regular outbound calls:

- One Telecare Service indicated they have concerns about the sustainability of outbound calling by their Service in the longer term, so people requesting regular calls are being directed to third sector organisations that can provide this as an ongoing service.
- Another Service expressed concerns about introducing support that they would have to withdraw at some stage. They were concerned that service users receiving calls may become reliant on regular calls, or have an expectation that they would continue in the longer term.

4. Target group for proactive outbound calls

Are you clear who you will call and why?

Have you prioritised your group using a clear rationale?

During the COVID-19 outbreak, Telecare Services have identified their target group for outbound calls in different ways and/or used a system to prioritise the need for a call.

Service A worked with their ARC provider, to identify service users at highest risk of severe illness who had not used their alarm recently. They also identified people with an outstanding review, so they could check their details where up to date.

To prioritise calling, **Service B** used a phased approach:

Phase one: people over 70 living in remote areas

Phase two: people over 70 living in other areas

Phase three: everyone else

Service J identified their target group by running a search on their Jontek database for anyone over 70 or anyone with a pre-existing condition identified by the Government as at higher risk or extremely high risk of severe illness.

Service E initially prioritised service users who had not triggered their alarm for a significant period.

Service D and **Service H** both have a red/amber/green system to identify vulnerable service users.

Service H use a 'Vulnerability RAG status' for major incidents, applying the following criteria:

Red: No contacts; no package of care; dependent on the Telecare Service Emergency Care Service to respond; high fire risk.

Amber: No Contacts; small package of care (not daily).

Green: Have contacts; large package of care; have contacts and no package of care.

The assumption being that those who have contacts will check on their relative/friend if a major event occurs, and those who are known to Social Work or home care should be identified by those services as priorities.

Service F focused their outbound calling on people who had care at home or day care stopped temporarily during the COVID-19 outbreak.

5. The staff making the calls

Have you identified who will be making the calls?
Have you identified and provided any equipment or systems required?
Is a script or guidance required and available?
Is training required and been provided?
Is supervision or support available to callers?

Staff making the calls

Staff making the calls have included:

- Alarm Receiving Centre call handlers.
- Call handling and responder team staff who are self isolating or shielding at home and who remain well.
- Other Council staff who are self isolating or shielding at home, such as Customer Services staff and the Housing Team.

Service B staff are either using a mobile phone to make the calls or in some cases, the Council's Teleworking System, which is accessed via a laptop.

Staff training

Most TSPs stated no or little training was required as experienced staff were making the calls.

Call scripts or guidance

Service C asked staff making calls to cover the following:

- To check that all the information held by the TSP is correct, and update the system accordingly.
- A general conversation about the person's wellbeing, and how they are coping with isolation. Where the person is experiencing loneliness, offer community based services which provide regular telephone contact.
- To check if the person has any immediate practical needs such as for shopping or prescriptions.
- Encourage the person and their household to follow COVID-19 guidance to keep themselves safe.
- Encourage the person, where possible to maintain physical health and wellbeing by taking small measured exercises.
- Hints and tips to reduce the risk of falls.
- Encourage the person to activate their alarm should they need assistance, or even a chat.

An Example of a call 'script' used by a Telecare Service

Service J is calling all service users over 70 and/or people at higher risk or extremely high risk of severe illness.

Personal circumstances

- Underlying health conditions (do they meet the criteria of higher risk or extremely high risk of severe illness)?
- Have they had a letter from the NHS telling them to self-isolate?
- Have they been diagnosed with, or have symptoms of Coronavirus (ensure the outreach team knows this if you pass on to services)?
- What is the person's personal circumstances and living arrangements?
- Are they living alone?
- What is the person's existing social network: family, friends, neighbours, social groups they attend?
- Current support received from others: social care, district nurse, housing support?
- Technology available: mobile phone, texting; internet, email, Wi-Fi?

Immediate concern

What is their area of immediate concern?

Food	Financial Hardship	Facilities newspapers/post office
Shopping	House repair/maintenance	Funeral/death registration
Medication	Housework	Transport
Social Contact	Money – access to cash	Validity of offered support/scams
Dog walking/pet care	Paying bills	Concern about someone else

Call handler to establish urgency of query

- What supplies have they got and how long will it last?
- If dog walking needed, how soon do they need it?
- Financial hardship – what is the urgency
- Social contact – what is the urgency?

Why now – what has changed?

- How have they managed before?
- Have they had support previously?
- What has changed?
- Why now – carer self isolating?

Advice and outcome

- Sign post; advice; other.
- Services required: What does the person need? Frequency?

Warnings that indicate social care may be required

- What are the presenting issues?

Call back required?

- Who/When

6. Processes—preparing for and making the calls

The [Processes – preparing for and making the calls](#) questions in the check list originate from conversations with TSPs about delivering proactive outbound calling in practice. Although not every Service has addressed every question prior to introducing outbound calling, there was general agreement that it would be helpful to consider all the questions below in the planning process.

[Do you need to inform service users or their families that you will be introducing outbound calling?](#)

Most TSPs introduced outbound calling rapidly to enable vulnerable people to access early support in unprecedented times. The majority had not written out to service users or their families in advance to inform them they might receive a call. However, it has emerged that Coronavirus-related scams have been prevalent since the period of 'lock down' began. The approach taken by **Midlothian HSCP** can be considered when introducing outbound calling. They wrote out to inform people they would receive a call and provided a password, which the person could use to ensure the caller was legitimate.

[How will you support people with dementia?](#)

When service users are known to have dementia, **Service D** has been calling families/contacts to check if support is required. There were a number of instances where they found families were also self-isolating or not living nearby and welcomed the offer of support.

It may also be useful to note that Alzheimer Scotland have a 24 hour [Dementia Helpline](#), with support from specialist call handlers available.

[Are there any issues with call blocking you need to overcome?](#)

This does not appear to have been a major issue for TSPs but worth considering when planning the approach.

[Have you identified how findings and outcomes of the call will be documented and how the person's records will be updated?](#)

With staff making the calls often working from home, consideration has had to be given as to how service users' records will be kept up to date. For example, **Service B** recorded call details on MS Teams, with staff working in the Alarm Receiving Centre ensuring the notes were transferred on to the ARC system.

[Do you have a process in place if there is no answer to the call?](#)

Service B had an agreed process whereby there would be three attempts to contact a person by telephone. If no contact had been made by the third attempt, the service user would be sent a letter to inform them that the Service has been trying to contact them.

[Are there other services you need to notify of the call and the outcome?](#)

This is a consideration if the TSP is coordinating their approach with other services or organisations in the area either providing welfare/wellbeing calls or support thereafter. For example, **Service C** shared their call activity and outcomes with the local authority's COVID-19 Shielded and Vulnerable Person Initiative so all outbound calling activity by the HSCP, including support offered/provided, is captured and merged.

[If you are asking people to test equipment, have you liaised with the alarm receiving centre so they are aware and have capacity to respond?](#)

Service B is using the outbound calls as an opportunity to check the person's alarm is working. Staff making outbound calls from home have been liaising with the Alarm Receiving Centre to agree the best times for testing, so calls are staggered and the ARC have capacity to manage the tests.

[Are there any additional steps you need to take to safeguard staff and service-users?](#)

With the majority of calls being made by staff self-isolating at home, calls are generally not being recorded. TSPs will need to consider the risks for staff and service users associated with this approach.

7. Responding to the needs of service users

Are you clear how to manage requests for assistance?
Are you linking with local (or national) services and initiatives to provide assistance and further support– including systems in place to support the Vulnerable Group and the Shielded Group e.g. local council assistance centres?
If yes, have you made formal links – so they are aware you will be sign posting or referring?

Service B can refer service users to one of the seven Community Hubs in the HSCP area, where volunteers and third sector organisations can provide support, such as shopping or prescription pick-ups. Around 20% of calls required some kind of follow-up.

When a need is identified, staff in **Service D** can refer or sign post the person to a range of internal and external services.

Internal: includes the Social Work First Contact Team where there are concerns for welfare, the Food Train, the meals and shopping service and the Occupational Therapy service among others.

External: includes the national helpline for shielded people, district nurses, GPs, the British Red Cross befriending team and the local Volunteer and Voluntary Action's 'Dial-OP & GO' service. Dial-OP & GO is a community project which offers a lifeline to many lonely and isolated adults.

Telecare service users in **Service C** are able to access the same support available in the area to either people in the Vulnerable Group, or the Shielded Group. The support is provided by the Council-led COVID Shielded and Vulnerable Person Initiative.

Help available to people in the *Vulnerable group* includes:

- a free of charge food pack age
- support with medication and delivery
- volunteer support for situations, such as (but not limited to)
 - assistance with shopping
 - assistance with dog walking
 - assistance with isolation through befriending

Help available to people in the *Shielded group* includes:

- free of charge food package each week of the shielding period (with a maximum of 2 being provided to each household)
- support with medication collection and delivery
- priority supermarket delivery slots

Shielded people are likely also meet the criteria for vulnerable people and potentially access the supports available to them.

Learning about proactive outbound calling from others

As part of their Frailty Programme, **Midlothian HSCP** has been doing outbound calling as part of their COVID-19 response.

Eight GP Practices have used the [eFrailty Index](#) to identify people living with moderate and severe frailty. Before the calling was initiated, the potential call recipients received a letter from their GP to inform them they would receive a call. The letter also included a password, which the person could ask the caller to provide to ensure it wasn't a scam call.

Welfare calls were undertaken by Red Cross volunteers and Neighborhood Link Coordinators. A script was provided to ensure key topics were covered (see below). If support was required, people could be linked in to local Community Hubs for support. People were asked if they had already received a shielding letter, and if so, were advised how to access the support they were entitled to, if it was required. The Frailty Programme identified that 14% of the shielded population were living with moderate to severe frailty.

Topics routinely covered during calls

- Support from family, friends or carers?
- Shielding letter – has one been received and does the person have a good understanding of the situation?
- Is the person able to get essential shopping?
- Does the person need hearing aid batteries?
- Is the person able to access prescriptions and medication?
- Has the person experienced any weight loss? (Ask about eating habits.)
- Does the person have contact with friends and family or feeling socially isolated?
- Is the person managing to heat their home and maintain electricity supply?

Findings to date

985 people were called; 6% (64 people) requested support.

- 14% (140 people) had received a shielding letter.
- 3% (29 people) requested support for shopping.
- 1% (11 people) requested support for medications/prescriptions.
- 2% (20 people) requested another welfare call.
- One person requested support with gas and electricity supply.
- Two people requested Personal Protection Equipment (PPE) for unpaid carers.
- Everyone called was given the Red Cross phone number for future use, if required.
- Call duration ranged from 10 minutes and over 60 minutes.
- Other 'interventions' included providing information on exercise and eating well.

8. Recording activity and measuring impact

Are you recording basic metrics, such as the number of calls you are you making, how long the calls last and how many calls require further support or interventions?
How will you know outbound calling is accomplishing what you want it to?
How will you know if outbound calling is having a knock-on effect on other parts of your service or on the wider system (positive or negative)?
How are you capturing your learning from introducing outbound calls?

As proactive outbound calling is a new approach for most TSPs, collecting data is key to understanding the activity and resource required to deliver the calls, and the impact of the calls on service users, the Telecare Service and the wider system, including services providing advice and one-off or ongoing support.

The majority of TSPs have been collecting a data set to capture the activity involved in proactive outbound calling. The following items have been included:

- Number of service users called.
- Call duration.
- Number of service users requiring further assistance.
- Type of assistance required/from which service.
- Number of service users requesting further welfare/wellbeing calls.
- Frequency of welfare/wellbeing calls requested.

In addition, call-makers have been recording informal feedback from service-users receiving calls.

Not yet evident, is the impact outbound wellbeing calling is having on incoming calls, including whether service users in receipt of a wellbeing call are more or less likely to activate their alarm.

Midlothian HSCP has gathered information on the experience of both the staff making the calls and the service users receiving the calls.

As with all COVID-19 responses, it will be valuable to reflect on the learning from introducing a new way of working, including considering what has worked well, what might continue, and risks identified that have been tolerable for a time-limited emergency response, but are not sustainable in the longer term.

Thank you to all the Services who have contributed to this report.

Please contact the TEC Programme at NSS.TEC@nhs.net if you have been undertaking proactive outbound calls and are willing to contribute to the further development of the document.

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