

Repeat demand callers – reducing emergency service demand through person-centred problem solving

Using a problem-solving safeguarding approach to identify the underlying causes and reduce the number of repeat emergency calls made by vulnerable individuals.

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Key details

Stage of practice	Untested
Purpose	Organisational
Topic	Adults at risk Productivity
Organisation	Greater Manchester Police
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Region	North West
Partners	Police Health services Local authority Private sector
Stage of implementation	The practice is implemented.

Key details

Start date	October 2025
Scale of initiative	Local
Target group	Adults Disability General public Victims Workforce

Aim

The aims of the initiative are to:

- discourage repeat emergency calls from vulnerable individuals with cognitive impairments, such as dementia
- divert demand away from Greater Manchester Police (GMP) and North West Ambulance Service (NWAS) resources
- develop a coordinated multi-agency safeguarding response to preserve individuals' independence, rights and dignity

Intended outcome

The intended outcomes of the initiative are to:

- reduce the number of repeat emergency calls to GMP and NWAS
- reduce demand on emergency service call handlers and frontline resources
- improve safeguarding arrangements through multi-agency coordination

Description

In October 2025, GMP's prevention hub identified a vulnerable individual living in supported accommodation as one of Wigan's highest repeat demand callers. The individual had cognitive

impairments and was repeatedly making emergency calls for reassurance, rather than to report genuine emergencies. Each call required assessment by emergency service control rooms and was initially treated as an emergency until any risk could be discounted. This created significant demand on GMP and NWS resources. During a 12-month period, the resident generated 127 GMP incidents, made 86 emergency calls to GMP within three months, and approximately 40 emergency calls to NWS.

In response, GMP used a problem-solving approach to identify the reasons for the behaviour and set up a multi-agency meeting to discuss how to reassure the individual and deter them from misusing the emergency services. After the intervention, GMP and NWS saw a marked reduction in the number of emergency calls received from the individual.

Implementation

Following the individual case, GMP extended the initiative to any vulnerable individuals identified by the prevention hub as repeat callers. Once a vulnerability assessment has identified that the individual's behaviour is neither deliberate nor malicious, a multi-agency group is established involving:

- adult social care
- care home staff
- NWS
- disability nursing services
- social workers
- family representatives

Information sharing and joint analysis often identified three root causes:

- unrestricted access to a standard telephone capable of dialling 999
- difficulty distinguishing emergency and non-emergency contact routes
- the absence of a coordinated response plan

To address these issues, an operational communications branch trigger plan is developed and shared across the emergency services. The plan ensures that emergency calls made by the individual are assessed against agreed risk thresholds before deployment decisions are made. Care staff or family members are tasked with providing reassurance and conducting welfare checks

unless specific safeguarding concerns are identified.

The multi-agency group meets on a weekly basis to:

- review monitored call activity
- check compliance with the trigger plan
- assess safeguarding risks

To support implementation, a dementia-friendly telephone has been introduced for vulnerable callers. The telephone, which is available to individuals with cognitive impairments, can only be used to call approved pre-programmed contacts. This prevents accidental or repeated calls to emergency services while maintaining the individual's ability to communicate independently.

The use of these devices is approved and funded through social services, as well as by the families of vulnerable individuals. The colour and button layout of the telephone can be selected by the individual to ensure that the intervention remains person-centred and appropriate to their preferences.

Overall impact

For the individual, the intervention resulted in a reduction in calls to GMP from 86 to zero. Demand on NWS also fell to zero following implementation.

This reduction has generated an estimated saving of £5,108.50 per quarter for GMP, equating to approximately £20,434 annually. NWS also avoids significant costs associated with repeated emergency calls and ambulance deployments.

The benefits have extended beyond demand reduction. Care staff and family members have reported reduced disruption, increased confidence in managing reassurance-seeking behaviour, and a calmer environment.

Social workers have highlighted that the intervention avoids the need for more restrictive alternatives, such as removing the individual's telephone or seeking a Court of Protection order.

Learning

- The intervention has reinforced the importance of understanding the root causes of repeat demand rather than repeatedly responding to its symptoms. Initial appearances suggested misuse of emergency services; however, detailed analysis identified a vulnerable individual seeking reassurance due to cognitive impairment.
- A key learning point has been that repeat demand often requires safeguarding and problem-solving rather than enforcement. The most effective intervention was not a policing response but a person-centred adjustment that addresses the source of behaviour while maintaining vulnerable individuals' dignity and independence.
- The intervention has also demonstrated the importance of multi-agency working. Adult social care, care staff, learning disability nursing services, NWAS, family representatives, and GMP all contributed different perspectives that helped to identify an effective and proportionate solution. Trigger plans ensure a consistent approach across organisations, reducing unnecessary emergency deployments while maintaining appropriate safeguarding measures.

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