



# Community Response Strategic Delivery Plan

**September 2019**

Report Period: 2019  
Date of Report: 2022

EEAST: Community Response Strategic Delivery  
September 2019, version 1.0

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## Foreword

East of England Ambulance Service NHS Trust (EEAST) consists of a wide group of over 4,000 staff and around 1,500 volunteers who dedicate their time to providing high quality care to our patients in the community. The contribution of volunteers to the service we provide is invaluable and we see countless examples of the positive impact they have on our patients, their families and our staff.

This strategic delivery plan describes the future direction for Community Response in EEAST. Volunteers matter to us and in the coming years we plan to develop our volunteer groups further and make use of evolving technology. There are further opportunities which are contained within the deliverables of this strategic plan that enhance the role of volunteers in the wider EEAST community. This will be seen as we develop wider engagement with volunteers and with upcoming initiatives such as the trials of the GoodSAM application and falls response scheme alongside the development of volunteer training to develop skills and knowledge are ensure they are appropriately aligned with patient care.

To those of you who have given their time and made such a personal investment into EEAST as a volunteer, I offer my sincerest thanks.

Gary Morgan

Deputy Chief Operating Officer

Ambulance Operations Centres and Community Response

## Context and Regional Perspective

This strategic delivery plan forms part of the portfolio of the Deputy Director of Ambulance Operations Centres (AOC) and Community Response which includes:

- Community First Responders (260 schemes with over 800 volunteers)
- Military Co-responders (3 teams)
- Fire Co-responders (4 schemes)
- Other co-response schemes as they develop (for example RNLI)

EEAST is currently in a transition period which moves towards a new service delivery model as a result of the Ambulance Response Programme<sup>1</sup> (ARP) which came into effect in 2017. This followed the largest clinical ambulance trial in the world and resulted in NHS England implementing new ambulance standards across the country. The new ARP standards effectively changed the way ambulance services respond to patients. Following the launch of ARP, regulators commissioned an Independent Service Review (ISR) which was published in March 2018. This included operational modelling on the number and mix of resources needed to meet the new ARP targets, which like other ambulance trusts nationally, resulted in a need for fewer rapid response vehicles and more ambulances with an overall increase in staffing numbers. The Trust is currently working through the transformation project to implement the outcomes from this review. The context in terms of community response, purely in national performance terms is that first responders now only “contribute” in terms of reporting to around 10% of 999 calls under the new standards. However, the role of community responders is clearly much wider than this in terms of the care they provide and the proportion of calls they are and could be deployed to.

EEAST provides an emergency ambulance service 24 hours, 365 days a year across Bedfordshire, Hertfordshire, Essex, Norfolk, Suffolk and Cambridgeshire. This area is made up of:

- More than 5.8 million people
- 7,500 square miles
- 19 CCGs
- 17 acute hospital trusts

Our resources and teams include:

- More than 4,000 staff and around 1,500 volunteers (of which CFRs are the majority)
- Three ambulance operations centres (AOCs) - Bedford, Chelmsford and Norwich
- 387 front line ambulances
- 178 rapid response vehicles
- 175 non-emergency ambulances (including PTS)
- 46 HART/major incident/resilience vehicles
- More than 130 sites

## Strategic Context and Vision

The Trust is currently developing a new corporate strategy for 2020 to 2025 and this will reinforce our commitment to our volunteers and the valuable contribution they make. There will be a wider volunteer strategy which this community response plan will form a component of.

The NHS launched a Long Term Plan<sup>2</sup> in January 2019. Within this there are various references to the changing role of the ambulance service being at the heart of the urgent and emergency care system. This also has a specific reference to volunteering initiatives and the contribution they play to the NHS and local communities.

The vision of community response in EEAST will be consistent with corporate strategy and the NHS Long Term Plan and is to:

- Provide an immediate lifesaving first response to those patients that are critically ill (with the aim of improving cardiac arrest outcomes)
- Provide high quality compassionate care to a wider range of patients, often in rural communities
- Provide a presence, act as ambassadors for EEAST and support education within local communities
- Deliver services that are patient-centred and reflect community need
- Increase community awareness about EEAST
- Ensure the support and safety of volunteers (via the dedicated Community Response Manager Role in EEAST)
- Enable volunteers to gain new (or use existing) skills and experience for both their individual benefit as well as the local community
- Develop and utilise technology to improve the service offered through volunteers The strategic delivery plan will be delivered through a work programme and associated procedure/policy (for example the Volunteer Responder Policy).

## Service Model and Scope of Practice

Taking into account the changes due to ARP and associated service delivery model, the proposed community response service model consists of the following:

### **Community first responders**

- Providing a first response to category 1 calls and emergency care before the ambulance response arrives (as well as support to ambulance crews on scene)
- Providing a response to a range of category 2 calls including:
  - Chest pain/heart problems
  - Stroke (CVA)
  - Breathing difficulties

- Choking
- Unconscious
- Diabetic
- Fitting

In this category of calls, volunteer responders provide a key early response and can provide valuable support to the patient as well as information for AOC.

- CFRs will have the ability to provide treatment as defined within a scope of practice which currently includes:
  - Cardiopulmonary resuscitation (CPR) in line with local or national guidelines (for example) National UK Resuscitation Council Guidelines
  - Management of patient in respiratory/cardiac arrest
  - Use of Automated External Defibrillator (AED)
  - Oxygen administration
  - Management of the choking, unconscious or fitting patient
  - Management of wounds, bleeding and burns
  - Recovery position
  - Safety procedures
  - Use of approved equipment
  - Safeguarding vulnerable children and adults
  - Moving and handling familiarisation
  - Infection Prevention and Control
  
- CFRs have no exemption for driving under emergency conditions and will not utilise blue lights (or other similar adapted lighting). Specific vehicles may be utilised within the requirements set by EEAST.
- CFRs attend patients aged 8 and over (and ages two to seven years with additional training)
- CFRs will not attend:
  - Violent situations
  - Psychiatric/suicidal patients

- Road traffic collisions or any incident involving hazardous materials
  - Prisons, health centres or GP surgeries (unless there is a need for a defibrillator)
  - Known pandemic flu patients (including Swine Flu, MERS)
  - Pregnancy where birth is imminent
- CFRs will always be backed up by an EEAST resource when dispatched to an emergency call

### **Military co-responders**

- Military co-responders operate in a similar manner to CFRs but in a marked response car and receive further training in:
  - Mechanism of injury
  - Trauma and primary survey
  - Secondary survey
  - Simple management of fractures
  - A greater in depth knowledge of a range of conditions including
    - Burns
    - Drowning
    - Airway management and ventilation
    - Effects and management of haemorrhage
    - More advanced trauma management including assisting ambulance crews

### **Additional co-responder support**

Fire co-responders operate in a more limited way to CFRs and currently attend cardiac arrest calls only. Other co-response schemes in development include the RNLI and their scope of practice will be agreed through the existing Trust governance processes and via a MOU.

## Scope of practice development

Scope of practice development will only take place where there is a defined need and benefit for patients, volunteers and the Trust. Planned developments within this plan are:

- Trial on a voluntary basis of a small number of CFR groups attending a wider range of falls patients. This will be supported by a wider scope of practice, equipment and training/evaluation.
- Scope out and develop proposals for other cohorts of patients who may benefit from a volunteer response.
- Implementation of GoodSAM to trial a wider range of response to patients in cardiac arrest.
- Embed the concept of a “community response” volunteer desk in AOC
- Explore the potential widening of scope of practice for CFRs to enable them to utilise the National Early Warning Score (NEWS2)<sup>3, 4</sup>. NEWS is a well validated track-and-trigger early warning score system that is used to identify and respond to patients at risk of deteriorating and would require additional skills such as blood pressure and temperature measurement.
- Explore whether any other widening of scope of practice in terms of treatment or equipment would provide benefit to patients, volunteers and the Trust.

Dependant on how the above areas develop, this may lead to two different “levels” of CFR, with a number able to carry out a wider range of observations and/or provide different care to patients.

## Scheme location (including new schemes)

The Trust will identify priority locations for new CFR groups to be developed over the next 3-5 years using information such

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as historical demand and the current and future service delivery model (i.e. the likely “end state” after the full ISR model is implemented). It is planned that this could be up to ten new (or regenerating) CFR groups per year. EEAST will support the development of new schemes with:

- Initial community engagement
- Scheme marketing
- Train the trainer
- Provision of initial equipment (including AED)

We will continue to plan community response based on the needs of the population in our region.

It is important that groups are then self-managed and financially self-sufficient in terms of future equipment replacement costs (excluding consumables which EEAST will supply). Applications will be considered from local communities outside of the planned scheme development (i.e. if a local case is made) but these will need to be fully funded for start-up.

The Trust will also support community response schemes with fund management via our charitable accounts – effectively this means that local schemes do not have to set up their own accounts and comply with associated regulations (for example as a charity).

Finally, EEAST will also support the concept of staff responders in specific areas of need to complement community response schemes. Whilst these are EEAST employees, they will operate under similar principles to the volunteer responders.

## Training and Development

The Trust will provide the appropriate training to meet the scope of practice of community responders and specifically CFRs

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and military co-responders. The exception will be specific developments where training is provided externally and agreed through a MOU approach (for example fire co-responders). EEAST will reserve the right to quality assure such training or development.

As part of this plan, EEAST will:

- Provide a fit for purpose training programme for CFRs and military co-responders. The current training programme for CFRs is provided through a Level 3 Futurequals qualification and for military co-responders through FREC 3. This is subject to change as either training content develops or scope of practice changes. EEAST will review the training programme for both CFRs and military co-responders.
- Commit to develop a CFR induction training programme which includes local training centres (in recent years, EEAST has delivered initial training to CFRs centrally).
- Provide a rolling annual training plan to ensure CFRs and military co-responders meet any mandatory/core developmental training needs.
- Support the rolling annual CFR training plan through a network of volunteer trainers.
- Explore how an ongoing portfolio approach could be utilised to support volunteers.
- Review the lone working arrangements in place and associated risk assessment.

## Engagement and Working with the Local Community

Engagement is a key part of community response. EEAST will ensure that community responders have a voice in strategic development and operational service delivery through:

- A dedicated team of community response managers (and as part of this strategic plan, the Trust will commit to reviewing the associated structure to ensure it is for purpose and supports volunteers)

- Strategic and operational representatives from community responders
- A strategic forum to enable engagement of volunteers and the direction/coordination of community response activities. This is currently achieved through the Volunteer Advisory Forum (VAF) but EEAST will commit to reviewing the role and function of this group as part of the implementation of this strategic plan.
- A dedicated operational group for CFRs given the number of volunteers within this area
- We will carry out an annual survey of our volunteers to identify themes in relation to community engagement as well as areas of future development and improvement.

Communication routes will also be established through email links to community responder coordinators/CFRs and local meetings. Social media will continue to be utilised for general publicity. Links to volunteer agencies or charities (such as Norfolk Accident Rescue Service and BHF) will be established or further enhanced to develop the benefits of joint working.

As part of this plan, EEAST will also facilitate a volunteer conference to enable sharing of ideas and engagement. This concept will be developed going forwards to explore whether local sessions would be more preferable.

An important component of community response is working within and supporting the local community. This is achieved through a number of avenues which include supporting:

- The placement and identification of Community Public Access Defibrillators (CPAD). CPADs are effectively AEDs that are in a public place, normally within a locked cabinet. EEAST will support the identification of CPADs on its 999 control system which will enable a caller to be directed to retrieve it where appropriate. EEAST will also support identification of other defibrillators in a similar manner

where there are not publicly accessible but are available in more limited circumstances (for example within supermarkets). With the exception of specific units under the responsibility of EEAST, CPAD maintenance remains the responsibility of the local custodian. Community requests for specific training, predominantly through our dedicated commercial training team.

- Community initiatives such as Heartstart to promote early CPR and defibrillation. Working with the community' to include local schools and community groups to raise EEAST and CFR awareness and basic life support/CPR/AED use #

## Strategic Enablers

A key enabler for community response is technology. EEAST utilises a dedicated control system (known as CAD) to both take calls and dispatch resources, which includes community responders.

As technology develops, EEAST will support the development where it can be shown to benefit patients and responders. This will include the following:

- Trial of a dedicated "app" for CFRs to improve the identification, booking on and deployment processes.
- Implement GoodSAM<sup>5</sup> as a trial to enable earlier access to CPR (and potentially AEDs) for patients in cardiac arrest. This will contribute to the wider strategy for improving outcomes to those patients in cardiac arrest.
- Reviewing the communication needs of community responders and the appropriate future technology solutions (to include phone technology, improved tracking of location, navigation guidance and incident recording). This will need to take into account the challenges sometimes experienced in rural communities.
- Exploring the potential use of technology to track and monitor CPADs and other AEDs in the community.

As such there is an important link to the EEAST digital strategy.

## Deliverables and Milestones

The key early deliverables within this strategic plan are as follows.

<b>Deliverable</b>	<b>Milestones</b>
Release draft of Community Response Strategic Delivery Plan (including consultation with key groups)	May 2019
Implementation of a GoodSAM trial (including availability for staff, volunteers and other health care professionals)	May 2019 to March 2020
Initial review of military co-responder scope of practice, service model and new training course	June 2019
Finalisation of new arrangements for RNLI co-response	September 2019
Publication of Community Response Strategic Delivery Plan (including consultation with key groups)	September 2019
Implementation of a CFR falls trial	September 2019
Develop long term plan for military co-response	October 2019
Review and embed the concept of volunteer support in AOC	October 2019
Facilitate a community responder (volunteer) conference	October 2019
Scope out (and seek approval for) other potential changes to CFR scope of practice that could benefit patients	November 2019
Review of CFR training programme	November 2019
Review function and implement any changes to the strategic volunteer forum	November 2019
Trial a new app for CFRs	December 2019

Review the communication needs of community responders and develop recommendations for future technology solutions	February 2020
Develop long term plan for fire co-response	February 2020
Develop new CFR groups in areas of need (alongside prioritisation of support for existing groups)	March 2020 (and then 2021, 2022)

## References

1. NHS England. 2018. New Ambulance Standards (Ambulance Response Programme). [Online]. [30 May 2019]. Available from: <https://www.england.nhs.uk/urgent-emergencycare/arp/>
2. NHS England (2019). The NHS Long Term Plan. [Online]. [30 May 2019]. Available from: <https://www.longtermplan.nhs.uk/>
3. NHS England. 2018. National Early Warning Score (NEWS). [Online]. [30 May 2019]. Available from: <https://www.england.nhs.uk/ourwork/clinical-policy/sepsis/nationalearlywarningscore/>
4. Royal College of Physicians. 2017. RCP London. [Online]. [30 May 2019]. Available from: <https://www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news-2>
5. GoodSAM. [Online]. [30 May 2019]. Available from: <https://www.goodsamapp.org/>