Best Practice in the use of First Responders in the United Kingdom

Recommendations for the East of England Ambulance Trust

2015

Dr. Timothy Thirst MBE

Document History

In 2009 Community First Responders [CFRs] in many areas of the East of England Ambulance Service Trust [EEAST] lost their trainers – paramedics who met with them once a month to keep up the statutory training. It transpired that the paramedics were to no longer be paid for doing this essential training. Despite raising this with the Ambulance Service, nothing was done.

By the end of 2010, some First Responders had to stand down because they were no longer qualified [by virtue of no available ongoing training] to respond to calls.

At the beginning of 2011 North Norfolk MP [now Health Minister] Norman Lamb was investigating the poor response times of the ambulance service. He met with local First Responders to see the problem from their perspective. On hearing of the many problems facing them which were affecting their ability to respond, he requested [11/3/2011] a meeting with the then Chief Executive of the EEAST, Hayden Newton.

After a lengthy delay from the Chief Executive, a meeting was eventually scheduled for 14th October 2011; two years after the concerns of the First Responders had been raised with EEAST.

At that meeting were local MPs, councillors The Chief Executive of EEAST- Hayden Newton and Andrew Morgan - Chief Executive of NHS Norfolk [now interim Chief Executive of EEAST]. Although the first version of this document was presented to that meeting, the deterioration in ambulance response times had reached such a stage as to take up most of the meeting time allocated.

It was agreed that a Community First Responder working group would meet monthly – starting November 2011 – for six meetings with the Chief Executive of EEAST, representatives of First Responders from the six counties and Dr. Tim Thirst reporting back to Norman Lamb MP. NHS Norfolk Chief Executive Andrew Morgan was also represented at the meetings.

The purpose of the group was primarily to address:

- Improvements to utilisation of CFRs
- A consistent approach to training, education and deployment of CFRs

As CFRs are first on scene at Category A calls, this would help improve EEAST's poor response times.

Unfortunately the series of meetings, chaired by the Chief Executive, lacked direction, were mismanaged and got bogged down with matters that did not relate to the original purpose.

At the beginning of 2012, NHS Norfolk were asked by CFR representatives during the meetings why NHS Norfolk [as commissioners of the ambulance service] did not act to encourage EEAST to implement improvements which would have a marked effect on response times. NHS Norfolk's response was that it 'preferred not to intervene in the running of the service, even if problems arose'.

Hayden Newton, Chief Executive of EEAST announced his early retirement in October 2012.

Andrew Morgan, then Chief Executive of NHS Norfolk took over as interim Chief Executive of EEAST in December 2012.

Dr. Anthony Marsh, was appointed Chief Executive of EEAST on 1st January 2014 to turn the trust around. He is due to leave late summer 2015

EEAST Clinical Capacity Review by ORH, October/November 2013:

6.28 Ten CCGs are projected to meet a Red1 and/or Red2 8-minute standard of under 75% but above the floor target of 60% - four between 65% and 70%, and six between 70% - 75%. Achieving the 75% target in these CCGs will require the targeted use of Community First Responders.

[the poorest performing is noted in 3.2.1 as North Norfolk]

“Community First Responders are teams of medically trained volunteers who cover an area of approximately 5 miles radius usually in rural areas.

In any life threatening incident - stroke, cardiac arrest, fitting, shortness of breath, broken limbs, unconscious etc. – a First Responder tasked by their ambulance service can be on scene sometimes within one minute of a call.

This can be the difference between life and death.

They will usually be followed up by a paramedic or land ambulance which might not arrive for half an hour or more.”

Who are First Responders?
First Responders are unpaid volunteers who respond to emergency calls on behalf of the ambulance service, in the community where they live or work.

Why are First Responders necessary?
Sudden cardiac arrests claim around 150,000 lives each year in the United Kingdom. Outside a hospital setting, survival rates are only around 5%
If a person's heart has stopped due to an accident or heart attack and is in a rhythm called ventricular fibrillation, the only way to get the heart into a more regular sustaining beat is to pass an electrical charge through the heart muscle.
The first eight minutes are the most vital for the collapsed person and if someone – who is trained in first aid and the use of a defibrillator – can get to them, then their chances of survival will be maximised. In rural areas it is often impossible for an ambulance to reach an incident within the critical eight minute window.

How are First Responders contacted?
Community First Responders are deployed to life threatening emergencies such as suspected heart attacks, choking, epilepsy, unconscious collapse and similar incidents. On receipt of a 999 call the First Responder and ambulance are notified by ambulance control. A First Responder will usually arrive within a few minutes. In rural areas the ambulance may arrive up to around 30 minutes later. The target for Category A calls is 8 minutes. These extra minutes could help save the patients life.

How are First Responders trained?
First Responders are trained by the Ambulance Service and have to pass regular assessments. Often the First Responder will find that they are treating and supporting both the patient and the family or relatives who may be severely distressed by the incident. Sadly, there are a very small minority of incidents where even the rapid intervention of the First Responder has been unable to resuscitate a patient. Being a First Responder can sometimes prove to be a harrowing experience and is not for the faint hearted.

Best Practice within the United Kingdom

Status in the community

It is useful to have a look at some of the other volunteer members of the emergency services.

Special Constables

Special constables volunteer at least 16 hours a month to work alongside regular police officers. Wearing the same uniform, and having the same powers [both on and off duty] and responsibilities as regular officers, they enjoy all the variety of policing.

In most cases, Specials are unpaid. Some forces do pay an annual bounty of around £1,000, and/or offer a discount on their community charge of 50%, dependent on the Special performing a certain number of duty hours. In the Metropolitan Police area for example, Specials receive free travel on all London transport services, both on and off duty. Whether paid or not, Specials can claim travelling, meal allowance and out of pocket expenses. A £30 boot allowance is also paid.

All uniforms [which is the same as their full time counterparts] and equipment are provided. Specials use the same police vehicles as regular police. Many forces – such as South Yorkshire - have advanced the training of its Specials recently. The training has been developed and enhanced to a very high standard and has been adopted nationally. Special Constables can now police at football matches, drive marked police cars and use the blue lights and sirens.

On Call Fire-fighters

The milkman, the young lady serving in the local shop, or the plumber who fixed your central heating, any of them could be an on call fire-fighter**.** They are ready at a moment's notice, to leave their place of work, family get together or the pub quiz and dash off to their local fire station to deal with literally any type of emergency situation.

There are over 18000 on call fire-fighters in the UK and in many parts of the country they *are* the fire service. These are the people that will be first on scene at a house fire, a car crash or flooding incident. In rural counties only around 10% of fire stations have a fulltime crew on station for 24 hours each day. All the other fire stations are either day-manned or solely crewed by on call fire-fighters**.**

On call fire-fighters are paid 10% of the annual basic pay of a full time employee in the same role [from £2180-2195 pa] plus a fixed disturbance payment made on each occasion they are called out. All uniform [which is the same as their full time counterparts], equipment and vehicles are provided.

Volunteer Independent and RNLI Lifeboat Crews

The vast majority of lifeboat crew are volunteers, and there are a few full-time paid coxswains.

RNLI first-aid for lifeboat crew certificate is approved by the British Paramedic Association and the Anaesthetic Trauma and Critical Care Organisation. Volunteer crew members can give oxygen, entonox and administer live saving drugs and medication.

The RNLI have a practical, scenario based course to teach the critical care of trauma casualties. They use algorithm cards to assess and treat without background knowledge. Crew practice with bag-valve-mask and have disposable portable suction equipment, oxygen, entonox, op airways, splints, stretchers and tourniquets in the lifeboat kits.

Priority on the courses is given to proficiency with the equipment and backed up with just six hours of theory teaching. Skills fade is combated by providing waterproof treatment cards. These use flow charts covering every aspect of injury, illness and immersion and triage. Realistic medical exercises are also run on the coast in association with Coastguard Rescue Teams and helicopters.

RNLI/Norma Stockford

Community First Responders

In many parts of the country Ambulance Services provide their First Responders with uniforms, vehicle, medical equipment and communication equipment. A mileage allowance is also paid.

Community First Responders in EEAST receive no pay and no expenses. They have to raise money to buy expensive medical equipment, vehicles and running expenses from their own pockets.

Communications

To avoid confusion and maintain the highest efficiency, First Responders, Special Constables, On Call Fire-fighters and other voluntary emergency service personnel should all use the same communications equipment as their full time counterparts.

In April 2016 the Airwave Emergency Services radio network will begin to be switched off. The Airwave system uses a technology called Tetra (Terrestrial Trunked Radio) which is half way between a mobile phone system and a walkie-talkie. It's an ancient technology and very poor at mobile data, which runs at 7.2kbs. There is a standard to boost that to 700kbps but it has never been implemented. With decisions to update/replace being made too late in the day, the plan is to replace it with 4G. This is far from ideal given coverage and usage problems.

Recently things have got worse for the Government's attempts to replace the ageing emergency-services network. With bidders pulling out and huge reservations remaining over the 4G specifications being capable of delivering the feature set the emergency services need, it seems increasingly likely that the Emergency Services Mobile Communications Programme [ESMCP] will be scrapped and a dual-mode TETRA/4G solution will replace the current Airwave system. If the emergency services are going to move from TETRA to 4G, coverage will need to be improved from being among the worst in Europe.

In many areas radios on the Tetra network, connected to the Emergency Operations Centres (EOC) are used by First Responders. For Health and Safety reasons, First Responders should only use mobile phones as a secondary system to backup the radios. The Tetra network enables First Responders to be safe - by virtue of the 'man down' facility – and effectively deployed. GPS location enables the EOC to know the position of its First Responders and who is nearest to an incident. First Responders are volunteers and therefore can be on call at home or at work. Although the radios are currently quite large, using the Tetra network means that the effectiveness and availability of a First Responder is maximised.

In some areas advanced two-way pagers are already issued to First Responders. These are smaller, more cost effective and because of this, groups can have a number of units which facilitate a better on-call system. In case of a system overload by the public following an incident, these pagers can also be MTPAS enabled which gives privileged access within the Civil Contingencies Act.

The coverage is 98% geographical unlike mobile networks which are 98% population coverage. The pagers are two way messaging, so you can book on and off, mobile, unavailable, and clear . The pagers are GPS plotted so control knows exactly where the First Responder is, which aids with dispatch and can assist when directions are needed. There is a panic button on the devices which gives additional safety. Mobile phones will remain with the First Responder as the method for voice communication and as a back-up communication method.

In the past, trials of Personal Digital Assistants [PDA] based on HTC Smart-phones with a simplified software application for First Responders proved totally unsuitable. However other areas have found these to work well if used with other manufacturers phones.

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First Responders are organised into small community areas perhaps covering only a hundred square miles. These areas usually reflect the home areas of the individual members. When using mobile phones only, control will not know the position of the First Responder. With GPS based systems the First Responders can be tracked. This means that they are available when out of area: travelling to and from work; at leisure activities and - depending on their employment – whilst at work. An individual First Responder – even though in full employment - *may* then be available on call for 100 hours per week.

If communication with First Responders was limited to mobile phone use only, that effectiveness would plummet by around 70%. Equally the mobile phone system has poor coverage in those rural areas where First Responders are so necessary. In times of larger scale emergencies the mobile phone network is not reliable enough to be used by any emergency service.

First Responders in EEAST still rely on ineffective mobile phones which they must purchase and pay for running themselves. Previously a maximum of two phones only were allowed per group which also presented logistical problems on shift changes. Although a new system of booking on/off has been introduced which can be expanded to more phones per group, this has introduced additional phone charges for groups to fund.

Vehicle Livery, Blue Light use and Personnel Identification

Blue Lights and sirens.

1/ Safety of the First Responder

Any driver responding to an emergency call is placed under extra stress. First Responders are of course aware that in their case every second counts. Equally they need to arrive at the scene safely, and with a 'cool head' to take on whatever they are faced with. It is essential therefore to reduce journey stress to the minimum possible. First Responders are usually based in rural areas and therefore very susceptible to journey delays and slow moving traffic. Rural roads are small, do not lend themselves to passing/overtaking and one slow moving vehicle can add minutes to a response time. Some Responders are faced with crossing roads with high traffic flow during daytime periods and one junction can in the worst circumstances add four to five minutes to a short journey. Roundabouts to ease traffic flow do not exist in rural areas. Temporary road works can also add minutes to a journey. It is perfectly feasible that a five minute journey can turn into a ten minute one. Making other traffic audibly and visibly aware of a First Responder vehicle can minimize these delays whilst maintaining a safe driving environment for all concerned. Any driver can drive using blue lights without needing any higher qualification that a driving licence. Most services do insist on their drivers undergoing some form of advanced driver training though, and there are moves to establishing a national standard, but it is up to each Ambulance Trust CEO to decide on any training for First Responders, bearing in mind speed and other exemptions are not required.

2/ Improved response to calls

Any of the above delays can be stressful but they are not acceptable for the patient where it can be the difference between life and death. Even reducing journey delay is not always

enough. In rural areas, arrival at the reported scene can still mean that a First Responder may be up to half a mile ‘off target’. Blue lights on vehicles ensure that they are visible to the incident scene whilst still some way away. This will alert others to direct the vehicle to the scene. ‘First on scene’ vehicles also leave their blue lights on for following vehicles to home in on. Vital minutes could be lost at the end of a journey, searching for a precise location, if blue lights are not fitted. It is also re-assuring for patient and family to see blue lights approaching. Particularly in hard to find rural locations, blue lights on a responder vehicle can help follow-up paramedic and ambulances [who may not be familiar with the area at all] to find the location.

Tim Thirst, [EEAST CFR], and Norman Lamb [MP North Norfolk and previously Minister for Health] have been working with the Department for Transport and Department of Health since 2011 to bring about essential changes to the previous regulations regarding blue light use. Primarily the request was for First Responders to be able to use blue lights when responding to an emergency and when at the scene. No exemptions from other road traffic laws were requested. Support for these changes came from Earl Howe, Parliamentary Under-Secretary of State (Lords).

Royal Assent was given at 5.17pm on 26th March 2015 to the Deregulation Act 2015.
2015 c. 20. Transport. Section 50
Road traffic legislation: use of vehicles in emergency response by NHS
'*ambulance*' and *'ambulance purposes'* was previously limited to those vehicles whose primary use is to convey the sick and disabled. These have been replaced by *'for the purpose of providing a response to an emergency at the request of an NHS ambulance service'*. This includes vehicles used by Community First Responders.

The Department of Health said the changes would benefit Community First Responders and their communities:

'The exemptions for these vehicles include matters that a member of the public could reasonably expect to be included, such as exemptions from rules relating to speed limits, traffic lights, road signs and the fitting and use of sirens and flashing lights.'

Following this the Association of Ambulance Chief Executives, Association of Chief Police Officers, Department for Transport and Department of Health were consulted as to the proposed changes including those relating to Community First Responders and gave them their support.

It now remains for individual Ambulance Trust Chief Executives to implement these changes expeditiously in view of the new legislation.

Equipping a First Responders car with blue lights and siren costs under £100.

First Responders are most effective in rural communities. Without blue lights and sirens on a First Responders vehicle how would these typical 5 minute delays affect a patient in cardiac arrest? Chief Ambulance Officers should be acting now to benefit patients, not delaying.

For safety reasons, First Responders – whether individuals or groups - are encouraged by their ambulance trusts to have properly livered scheme cars, with battenberg patterning and fitted blue lights, wig-wags and sirens. These vehicles may be supplied by the ambulance service. To avoid confusion with unmarked police cars, vehicles used by the Ambulance service should have the word AMBULANCE in isolation on the back, front and sides. On the front of the vehicle this may be in reverse for viewing in rear-view mirrors.

A Community First Responder vehicle deployed by Eccleshall group, West Midlands Ambulance Service. WMAS installs digital Airwave radios in the response cars, which are found in all West Midlands Ambulance Service vehicles.

Although battenburg markings are legal for First Responders, the deregulation restricted the use of 'retro-reflective material'

As part of this, the ambulance exemption in the Road Vehicles Lighting Regulations 1989 relating to retro reflectors (what you referred to as battenburg markings) contained in Schedule 17 Part II and Schedule 18 Part II has been extended to cover vehicles used for the purpose of providing a response to an emergency at the request of an NHS ambulance service if that vehicle is owned by the service or held by it under lease or hire agreement.

This would prevent First Responders who use their private vehicles or scheme-owned cars from using retro-reflective material. The Department for Transport are aware of this anomaly and are considering the situation. [July. 2015]

There has been no change to the colour scheme itself. Ambulances (or other vehicles dispatched by the ambulance service) are permitted to use amber, yellow, green or white or if within 1m of the rear of the vehicle it may be red. At the rear, the markings may be red, yellow, orange or any combination.

In EEAST First Responders have been told they must not use blue flashing lights -as EEAST have told them it is against the law [even after the change in legislation, which is incorrect] - and they may not have properly livered vehicles.

Uniform

There should be no difference in the uniform of Paramedics, Technicians, Emergency Care Practitioners or First Responders within an ambulance area, save that epaulettes and front/back badges in addition to having AMBULANCE can be qualified in smaller lettering by 'FIRST RESPONDER'. Using the word 'COMMUNITY' as in 'Community First Responder' is superfluous and distracts from the message. Patients need to be reassured not confused by too much information. In a survey of the public it was clear they do not understand the phrase 'Community First Responder'. They were however quite clear in their understanding of 'Ambulance Service First Responder' and 'Ambulance First Responder'

Most areas supply hi-visibility jackets with First Responder identification. To comply with Health & Safety, Helmets are provided for use when deployed in particular circumstances such as severe weather conditions.

It is sometime suggested that green should not be used as it might cause confusion between different parts of the service. This is supposition and there are no reports of problems in other parts of the country.
Members of the public, associate red with air-ambulance doctors; blue with Police/Fire Service and green with Ambulance Service. This perception should not be 'muddied'.

Most areas use green uniforms as shown below in recent photographs. White/green service shirts are an option instead of jacket tops in summer. Using the same colour green as crews gives obvious advantages in cost. Like other parts of the service, First Responders are identified by shoulder epaulettes.

South Western Ambulance Service, for example, supplies all its Responders with the following on free issue:

- High visibility bomber jacket. High visibility over-trousers
- Green polo shirt with embroidered Trust crest. Green combat trousers

Ownership of these items remains with the ambulance trust and they can be replaced when worn out or damaged. Uniforms which have the logo of the Ambulance Trust on them can be supplied free of charge to volunteers and comply with any charitable rules of a trust.

In EEAST no uniforms are provided. When asked First Responders preferred green for their uniforms and a design of polo shirt and epaulettes for use on white shirts or hi-viz jackets with green trousers was approved in EEAST during 2014. These were piloted by the Stalham group and feedback from patients and ambulance staff was very positive. To date these have not been rolled out by the Trust, either for purchase by First Responders or for issue to them

Training

First Responder training varies across the country. In some areas there is still only a basic training course followed by an assessment and exam. Responders are thereafter trained monthly and assessed on a regular basis.

West Midlands Ambulance Service has led the field with training and developed a level 3 course IHCD First Person On Scene [FPOS] Basic, Intermediate and Enhanced which is approved by the examining authority Edexcel. This allows Responders - who wish to be trained in obstetrics/maternity, advanced airway management, 3 lead ECG interpretation and drug administration - that opportunity. It also provides a national standard allowing Responders who move out of area to be deployed in another ambulance area without further training.

This makes a real difference to the outcome for many patients and based on experience, all trusts have been recommended to adopt these operating principles.

First Responders trained to Enhanced (additional) standard, issue certain drugs: Salbutamol for breathing problems; Adrenalin for anaphylaxis; Glucagon for hypoglycaemia; GTN for heart attacks. Also Entonox as pain relief. Oxygen is standard. In areas where Enhanced training is available around one third of Responders are qualified to this standard.

In many areas, Responders trained to enhanced level may respond to between one and 3 calls a day ranging from births to deaths and everything in-between including road traffic collisions, strokes, aircraft crashes, heart attacks, fires, gunshot wounds, cardiac and respiratory arrests, breathing problems, drug overdoses, attempted suicides, falls from horses, falls in general, allergic reactions, hypothermia and hypoglycaemia.

In EEAST First Responders are trained only to intermediate level with paediatric. Paramedics are constantly frustrated by Responders not being allowed to take even a patients temperature, blood sugar level or blood pressure readings. These are types of medical testing which are undertaken each day in schools by staff with no training.

Training manuals are poorly designed and not updated.

Funding

The general public are appalled when made aware that First Responders may have to raise funds to keep operational in some areas. Ambulance services gain financially by improved response times and without First Responders would fall well below target in some areas. Many ambulance areas realise that supporting their Responders 100% by training and supplying equipment increases the number of volunteers that come forward, stops volunteers leaving through exasperation, improves response times and is better for everyone concerned.

In those areas where First Responders use full livered vehicles, this visibility within the community helps fundraising.

However it must be remembered that where a lot of effort has to be directed by First Responders to fundraising, this time is lost from emergency cover or training. There are only so many hours in a day.

Many potential volunteers are put off joining when they discover they have to constantly raise money. First Responders also leave because of this burden.

Well run Ambulance Services realised some time ago, that each £1 they spent on First Responders, saved them £5 - £40 in increased efficiency. On average the NHS value their hospital volunteers at £11 per hour saving. It is no surprise therefore that, in many areas of the country, First Responders receive the best training possible and all necessary equipment and backup.

Recommendations.

Ambulance Trusts would do well to remember that although their First Responders are volunteers they bring with them many professional competences which may exceed the level of expertise available from the Trusts permanent staff. As such they should be treated with respect. Volunteers are not amateurs, they are unpaid professionals. Trusts should learn to harness the other fields of expertise available from their First Responders and listen to their opinions rather than insult them with misinformation. In that way, patient care will be greatly enhanced.

Training & Recruitment

A scheme of nationally recognised training such as a level 3 course IHCD First Person On Scene [FPOS]; Basic, Intermediate and Enhanced which is approved by the examining authority Edexcel, should be used for training First Responders. This gives the volunteers the opportunity to enhance their level of skills – if they wish – and provides EEAST with a pool of higher trained individuals. Training manuals should be constantly updated.

In the short term First Responders in EEAST can be easily trained in taking Blood Glucose levels, temperature, pupil reaction and blood pressure, and issued with inexpensive but accurate equipment, such as a stethoscope. Applications to become a First Responder should be actioned speedily. As in other areas, six months should be a maximum from application to qualifying.

Potential applicants in the East of England are put off by a website that is not functional and out of date. It is a disgrace. http://www.respondersuk.org/ This is not the official EEAST site and would be better discontinued. Groups should ask for their information to be removed. The official EEAST site has a section for volunteers including First Responders but it is not updated regularly and some of the information is misleading. EEAST needs to have a communications team that are responsible for it.

Identification

Individual:

Identification should be based around the description: 'Ambulance – First Responder'.

EEAST should provide all volunteer First Responders with:

High-Visibility Jackets, Safety Helmets, and uniform:

A uniform the same colour green as its paramedic and ambulance crews, but with epaulettes denoting First Responder status. This comprises tunic, trousers and white shirt/green polo shirt. This part of the uniform would not be compulsory as many volunteers respond from a work situation and only have time to put on the high visibility jacket.

These items can be replaced free of charge, when worn out or damaged. This will enable EEAST to issue them to volunteers, although this has never been a real issue as First Responders are unpaid employees of EEAST.

Vehicles:

Patients, families and members of the community are incredulous when they find that First Responders in EEAST are not allowed to use blue lights. First Responders who are tasked to a call by the ambulance service should be allowed to use blue flashing lights [including red to rear as an option when stationary] on their vehicles. All legal requirements are covered and only require a decision by EEAST's Chief Executive. If training is deemed necessary by EEAST it must be readily available and provided by EEAST at no charge. Groups should be encouraged to livery vehicles with battenburg patterning and identification by 'Ambulance – First Responder'. EEAST could help groups with the purchase of livery kits for vehicles. Many groups already equip their vehicles with dash-cams and this could be a prerequisite for using blue lights. The Stalham group in North Norfolk offered to pilot a scheme for the CEO .

Communications

Groups should be provided with a number of two-way pagers, pda or equivalent radios commensurate with the number of volunteers in the group and on the advice of the group coordinator. No charge should fall to be paid for by the groups or individual volunteers. If back-up mobile phones are considered necessary, then these should be provided at no charge either for equipment or airtime. Group cars should be supplied with ambulance radios. The Stalham group in North Norfolk offered to pilot a scheme for the CEO .

Equipment

All medical equipment and consumables should be provided by EEAST sufficient for each volunteer and operational team within a group, on the advice of the group coordinator.

Funding

First Responder groups spend a lot of time fund-raising. This time would be better spent on training or more standby time. It also puts off potential volunteers. At the very least EEAST should reimburse mileage charge to groups and individuals when on call.

East Midlands Ambulance Service has brought forward the purchase of ten further vehicles for its Responder groups after seeing a large increase in responses and availability. The cars are all fitted with new communications equipment such as a two-way radio, telephone, hands-free kit and satellite navigation system

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This report and ongoing consultations were commissioned in 2010. Since then unfortunately EEAST have not raised the deployment of First Responders within the East of England up to the standards in most other parts of the UK. This has a knock on effect in lowering the moral of the volunteers. Retention rates drop and prospective volunteers do not follow through.
EEAST have shown little management acumen in effectively organising a body of volunteers. First Responder managers should be pro-active with their volunteers.

It is debatable whether the First Responder scheme should be managed at all by EEAST managers. It would probably motivate volunteers more to have a hierarchy of their own with ultimate responsibility only to the Chief Executive. Unlike EEAST, many Trusts in the UK have dedicated First Responder managers. These proposals have been put forward in a separate document.

NHS Norfolk [which was the commissioner] was not proactive in seeking to raise standards within EEAST and consequently the service to patients within its area continued to fall far below acceptable levels. It seemed to totally abdicate its responsibility towards its patients who need to rely on EEAST. CCGs also need to be much more proactive.

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This research was primarily carried out between 2010 and 2012, with updates through 2013 and into 2015. Originally three hundred and twenty First Responders from different ambulance service areas within the UK [excluding Scotland & Northern Ireland] were interviewed to ascertain their involvement at grass roots level and also how they felt their Ambulance service supported and empowered them. The managers [or equivalents] of First Responders for the ambulance services within the UK [excluding Scotland & Northern Ireland] were also interviewed. Any views contained in this report do not necessarily represent those of CFR's within EEAST.

Tim Thirst has been involved in the running of voluntary organisations for fifty years. He co-ordinated volunteers assisting the statutory emergency services, for twelve years as Controller [as a member for 26 years], working with County Emergency Planning Officers, the Home Office and Foreign Office, on operations within the UK and Europe. During that time he developed best practice models for deployment and response in major incident plans.
He has worked as a specialist in ICT, radio communications, and mobile phone systems. He is also a business efficiency consultant.
In the New Year Honours 2012 he was made an MBE for his work in the voluntary sector.

He is also a First Responder.

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