Setting up a new Scheme

Introduction

The British Association for Immediate Care has been involved with providing immediate care via a nationwide network of affiliated schemes since 1977. The overall rationale for an affiliated scheme is the provision of skilled pre-hospital immediate care by appropriately trained and experienced health care professionals drawn from the medical, nursing and paramedic professions. Different schemes have evolved and developed in different ways, but all retain as their core focus the provision of skilled pre-hospital immediate care.

Defining pre-hospital immediate care

As a charity the Association operates within the scope of its constitution and this includes a definition of immediate care which states:

> *"Immediate Medical Care" is defined as the provision of skilled medical help at the site of an accident or other medical emergency or in transit. It also encompasses the medical aspect of the management of major incidents, mass gathering medicine and disaster medicine. "Immediate Medical Care" is delivered by registered professionals from a number of different health care professions as well as non-registrants who receive role-specific specialist training for their work.*

As can be seen the definition is deliberately wide thus allowing the Association to admit to membership non-health care professionals who have an interest in and practice pre-hospital care in a range of settings including areas such as event care, sports medicine, mountain rescue, first aid and military medical care as well as community responders.

Is there room for a new scheme?

The Association has a policy of supporting its current schemes, however, from time to time new schemes are formed but within very clear guidelines dependant on the nature and area of the application. Most new schemes are formed along the lines of the traditional BASICS immediate care model.

1. Affiliated immediate care scheme:

   There are opportunities for new schemes within very clear parameters, these are:

   a. The proposed new scheme would be operational in a defined geographical area not currently covered by an existing scheme.

      This is a frequently misunderstood issue and interpreted as there are no responders currently active in this area despite the established scheme being operational in other areas of its footprint. Frequently the Association's affiliated schemes are based on

counties and they collaborate within a regional network matching the geographical footprint of the local NHS ambulance trust and so an important consideration for the Association is whether a scheme already exists that would be able to accommodate and support suitable new members. The absence of members responding frequently does not equate to the lack of scheme cover.

The rationale underpinning this approach includes the issues of governance outlined in points 1b-d below, but also takes into consideration the issue of sustainability. This in particular includes consideration of fundraising in the locality, associated publicity (and clear messaging for the local population) as well as the very significant amount of work and effort that is required to run a charity within a strong and appropriate clinical governance structure.

b. That there is support from neighbouring schemes already operational within the footprint of the NHS ambulance service for whom the proposed new scheme would respond.

This is an important requirement because whilst the Association has a strong history of local schemes, the regional structures of the NHS ambulance services make it unwieldy for them to engage with multiple community voluntary groups particularly involving aspects of advanced practice. The harmonisation within regions utilises the accepted governance processes that underpin the deployment of scheme responders, SOPs etc.

c. That the NHS ambulance service supports the setting up of the proposed new scheme.

At the end of the day a scheme responder is invited to provide on-scene assistance by the relevant statutory NHS ambulance trust. There is no right of automatic involvement or deployment through previous experience, level of qualification, membership of the Association etc. There are national guidelines in place from the Association of Ambulance Chief Executives (AACE) which identify the determinants for the use of affiliated schemes, this is available on the Association's website.

Prior to becoming operational it is necessary to have in place agreed processes with the relevant NHS ambulance trust that provide for collaborative deployment. This includes honorary contracts for the responding members and a memorandum of understanding at scheme level. Underpinning these will be a range of processes and documentation that will provide assurance to the NHS ambulance service for the purposes of their own governance, including that of fulfilling their CQC requirements. It is important that there is clear recognition of where the responsibility for managing clinical governance rests and that the NHS ambulance trust will accept responsibility for the scheme within their CQC registration and oversight.

By having the support (and advice) of other affiliated schemes currently responding on behalf of the same NHS ambulance trust much of the above will already have been developed and be available for adaptation by the proposed new scheme.

It is important to note that the evidence for the support for the proposed new scheme should originate from the medical or operations director level of the relevant NHS Ambulance trust rather than locality managers.

d. To function effectively it is important to prepare to register as a charity once all agreements are in place.

Registering as a charity is relatively straight forward and brings a range of benefits as regards fund raising and tax relief on many purchases for schemes. Becoming a charity does entail adherence to a set of regulations and whilst not overly onerous these do require some work and the support of an appropriate body of trustees (which can be drawn from the membership).

Neighbouring schemes will be able to share their experiences and constitutions to assist in this regard. The Gov.uk website has easily accessible information and resources available for download to assist in the registration process. Once registered as a charity it is then possible to register with HMRC at their website for tax relief on a range of services.

If a proposed new scheme can fulfil the above criteria they should, in the first instance, email their expression of interest to our membership officer, Nancy Howlett. The email should include an outline of the arrangements in place (with relevant evidence) to meet points 1a-d above.

2. Schemes based on event medical services or similar:

Whilst in many instances event medical care is provided on an ad-hoc sub-contracted basis there are examples of services that are formed around a core of specialist health care professionals. In such instances, and where the service is provided on a not-for-profit basis and provide pre-hospital emergency care at an enhanced level some may choose to seek affiliation to the Association as a scheme.

In such instances it is important to understand that for-profit companies would not be eligible for scheme recognition, neither would local groups operating as an accredited part of another organisation. For instance, the [fictional] Event Services and First Aid Company who charges for its services operating as a for-profit entity, whether or not it pays its staff, would not meet the current criteria for affiliation. Similarly, the [fictional] Fens Mountain Rescue Team (affiliated to the [equally fictional] British Mountain Rescue Association) would not be eligible.

Organisations and groups who are interested in becoming a BASICS scheme should in the first instance contact our membership officer, Nancy Howlett, by email with the following information:

a. Group/organisation name;
b. Its role and any affiliations;
c. The rationale for applying to become an affiliated scheme;
d. Provide an outline of the services it provides (to include the location of provision, service capabilities and the frequency of provision);
e. Governance arrangements;
f. The details (names & qualifications) of its core members and whether any are members, of the Association, and
g. Provide supporting evidence for the above as applicable.

3. **CFR Groups:**

In themselves, CFR groups would not meet the criteria for affiliation as a BASICS scheme. However, individuals are welcome to join the Association at the appropriate membership level.

Where a CFR group is forming independently, we would strongly recommend making contact with the CFR manager at the relevant NHS ambulance trust. Frequently the contact information can be obtained from the relevant web site. Currently, in two instances (Lincolnshire and Norfolk), the local affiliated schemes run CFR teams and they can be contacted as follows if you are within their footprint:
LIVES (Lincolnshire) – 01507 525999 or info@lives.org.uk
NARS (Norfolk) – 01362 698007 or enquires@nars.org.uk

Support and advice

It is hoped that this information sheet provides you with the assistance you need. However, please feel free to contact our membership officer, Nancy Howlett, by email or by phone on 0300 303 1757. However, do review the FAQs in the next section prior to making your enquiry as frequently you will find your answer there.

FAQs

1. I've already been in contact with my local scheme and feel that there is still a need in my area – can you make an exception?	No; All affiliated schemes operate within the requirements of the NHS ambulance trust for whom they respond. Each scheme has the final say on who they recruit and at times this can be very frustrating to those not accepted. A schemes recruitment policy is based on a range of issues including role expectations and geography. The Association centrally has no influence on these issues.
2. I am a non-doctor, why won't the local affiliated scheme engage with me?	As with the question above, the ultimate responsibility as to who is accepted to become a responder rests with the individual schemes. There are different models across the country and in many instances, the exclusions and limitations reflect the current agreements in place with the relevant NHS ambulance service. A number of schemes do have appropriately trained and experienced nurses and paramedics who volunteer as responders in their locality.
3. I am a member of the Association already; can I join my local scheme?	We really appreciate each and every one of our members. However, being a member of the Association does not give an individual any automatic right to becoming operational with their local affiliated scheme. Some schemes run study days, CPD events and open up their governance meetings. If you'd like to attend these make contact with your local schemes to see if any of these opportunities are available in your area.
4. How do I gain the necessary experience to get involved with an affiliated scheme?	We would encourage you to gain experience and competence in acute and emergency care through you daily work. The relevance of this is that it equips you with the confidence to work with those who are very unwell. The pre-hospital environment is completely different from the hospital or even the primary

		care environment; to give you some insight and relevant experience consider becoming a CFR, joining one of the voluntary first aid or rescue organisations (St John Ambulance, St Andrews First Aid , Mountain Rescue etc) or getting involved in event medical care. Another piece of the jigsaw is to undertake a relevant course such as the Pre-hospital Emergency Care (PHEC) Certificate offered by the Association email Tracy Parkinson or ring her on 0300 303 1757 for details. Remember that as a member of the Association you get a discount too.
5.	As a first aider or CFR or military medic who is not a qualified doctor, nurse or paramedic can I become a scheme responder?	No; the level of care provided by the Association's affiliated schemes and their responders is at an enhanced level that requires appropriate professional training and experience.
6.	Can other registered health care professionals, such as ODPs, become scheme responders?	At the moment, generally, no; however, in a very few instances where a team response vehicle is provided there may be opportunity for such individuals to get involved working alongside others.
7.	Should our group go ahead and register as an affiliated or BASICS charity and start fund raising ahead of completing the processes explained above?	No; the Association's name (including that of BASICS) and logo must only be used by affiliated schemes.
8.	We'd like to incorporate the Association's logo in our proposed scheme logo, can we do that?	Yes, within limitations; in the first instance contact our membership officer, Nancy Howlett, by email with your ideas. We will work with you to develop a logo that can be used once your scheme is affiliated.
9.	We are thinking of forming a affiliated scheme, should our members also be members of the Association?	Yes. We are a membership organisation and are dependent on your subscriptions to fund our work which includes the support of the local schemes as resources allow.