



Community Responders

Groups Newsletter

July 2007

Update from Keith Boyes



My intention is to keep you informed of the issues generated throughout the Trust. Covering Hampshire, Berkshire, Oxfordshire and Buckinghamshire, we now have 3 Divisional Community Responder Managers in post and 6 Community Responder Liaison and Training Officers with 2 further posts to fill. This is a massive investment, and is recognition to the contribution to patient care that the volunteers and organisations that work in partnership with the Trust represent.

Bring different organisations together has meant that we have been able to identify exceptional good practices, it has also set bench marks as to what are the expected standards and working practices. The outcome of this exercise is that Jim Hunt has completed a Community Responder Governance Framework that once endorsed by the Trusts Clinical Governance Committee will set the standards for the future. From this document a number of work streams will be developed, and will include recruitment processes, training standards, type of calls that responders attend and the appropriate insurances that enable the Community responders to operate.

The Hampshire Division now has a significant stock of equipment that the Community Responders use on a daily basis. Slowly but surely the corporate-wear is being delivered by the supplier. The Polo shirts have been delivered unfortunately the supplier had missed out some of the wording. Therefore the Polo shirts have been sent back with the assurance from the supplier that they will be corrected as soon as possible. Waterproof jackets, high viz jackets are available and it is strongly recommended that you try on the garments before ordering.

The Community Responder Liaison and Training Officers have split the Division into Sectors and will be making contact with the coordinators with in their respective locality. Their aim is to assist and provide a service to all the volunteers and will be visiting you all to identify issues within your Community Responder initiative area.

In Hampshire we recognise the value of schemes that look inward to their communities and the barriers presented by travelling across the county for meetings etc. The Community Responder and Training Liaison Officers have been asked to set up training sessions located around the Division and to set up monthly locality Coordinator meetings, this will facilitate the opportunity to share local issues and resolve them. We aim to have Divisional Community Responder Coordinator Meetings alternating monthly with Sector Co-ordinator Meetings e.g. September- Divisional Meeting, October – sector Meeting, November – Divisional Meeting etc

The calls that our responders are attending have dropped significantly and there are a number of



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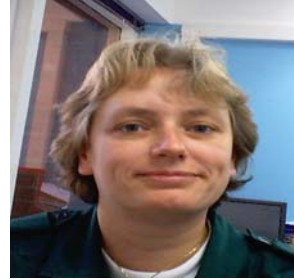
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reasons why this has happened and I would like to put some explanation behind this. The introduction of the management CAT C calls (low clinical risk calls) has impacted. Cat C Calls are directed to a Nurse to provide advice to the caller and very often it is more appropriate to self help and an ambulance response is not required. With regard to CAT B calls, these tend to be general illness, and trauma calls, it has been identified on a number of occasions that the training of the Community Responder is limited and not always able to meet the expectation of the patient.

What Community Responders are very good at is Basic Life Support, AED's, Oxygen Therapy, and placing the patient in the Recovery Position. These are all life threatening situations where the patients directly benefit from the intervention of the local Community Responder. Over the next month it is intended to put in a communication system that automatically informs the Community Responder of all the emergencies in their area, however the Emergency Operation Centre will only direct the Responder to the appropriate and safe life threatening emergency call.

This action will have a number of knock on effects, none more important than keeping responders active in the light of a decreased call rate. It is intended that we offset some of this drop off in calls by providing motivators that include more and better training programmes. Whilst this process will be met with mixed views from the responders at this moment in time it is essential, and I would like to assure you that whole process will be monitored and where necessary amended on an ongoing basis.



Scenario Day 18th August 2007

Now that we have a full complement of staff within the department, we have been looking at ways of supporting your initial training in addition to the re-qualification sessions. We have therefore made arrangements for a Scenario Day, where we can set up incidents. The date has been arranged Saturday 18th August and there will be a variety of scenarios set up. We have suggested that if this is a successful day with a lot of Community Responders interested, then we will hold such events on a more regular basis.

I'm therefore asking if Co-ordinators can contact me directly at Elizabeth.topps@hantsam.nhs.uk so that the numbers of interested responders can be confirmed. The "Closing Date" for interested Responders is Wednesday 1st August.

I would hope that there will be enough interest in the Scenario Day to make it worthwhile. It will be down to the level interest shown. There are no exams associated with this day, it is purely to make it as fun as possible, and to give you all the chance to meet new people.



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If all our plans come to fruition, we intend to have a barbeque in the evening, but we would be grateful if you could confirm numbers nearer the date. We look forward to seeing you all there.

Introducing Jayne Hernon



After spending 3 years studying at Portsmouth University I qualified as a Pediatric Nurse in 2000. I started working at St Mary's Hospital in Portsmouth on their pediatric medical wards. While this experience enabled me to consolidate my nurse training I had always been keen to work in an emergency environment. I moved to Accident and Emergency in 2002 and spent the next 4 years developing my emergency knowledge and skills. As you can imagine, working in Portsmouth A&E Department, I have been exposed to a wide range of trauma and medical incidents. Within this time I also spent a year at Highbury College and successfully completed the Certificate in Education which enables me to teach adults. In April 2006 I felt that it was time to leave A&E and broaden my clinical portfolio and I started working for the West Hampshire Out Of Hours Service. This was a completely new concept of delivering nursing care, as it involved dealing with patients via telephone assessment and I certainly enjoyed the challenge. It was while working for

the out Of Hours Service that I was successful in joining the Community Responder team as a CRLATO.

I have been allocated the responsibility for the East Hampshire and am in the process of meeting all of the schemes and members. I propose that by using my nursing and teaching skills and with the support and direction of my colleagues that I will become a valuable tool for all the schemes that I will be working with. I envisage using my pediatric nursing background to bring a wider training scope to develop experience and confidence for responders when dealing with children. I am extremely excited about my new role and looking forward to meeting everyone within the CR Schemes.

Words of Wisdom from Jeff Ellis

One of the ideas that I have come up with during a rare period of downtime in this fast moving environment is to have a Walk in Centre for re-qualifications. In my mind, I envisage a venue in one of the three areas where all three CR LATOs would be available to do re-qualifications at any time during that day. These sessions are not meant to replace the local re-qualification sessions, but rather to mop up. So if you needed to re-qualify and could not make your Scheme re-qualification session, you could turn up at and re-qualify there and then. If you think that this idea might work then give me some feedback and we can set one up as a trial run. Remember I am always open "inducements" all it takes is Kenya Peaberry Coffee and Hobnobs (preferably chocolate).



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MBE for a member of Hayling Island

Andy Brunton who for many years has been involved in the Hayling Island Community Responder Scheme is the proud recipient of an MBE from the Queens' Birthday Honours List. The citation acknowledges both the work that Andy has carried out as part of his career as a diver with the Royal Navy and the time Andy spent as Treasurer for the Hayling island Scheme. Congratulations to Andy for receiving this prestigious honour.

Upcoming Events in Bishopstoke

July 21st: Welcome Inn Fun Day : Starting at Midday, and going on until the beer runs out! BBQ, Beer, Good Weather (no guarantees, but we have asked nicely!) and fun and games. This is the third or fourth such event they have put on for us. Last year's event raised over £1000 for our scheme. Why not bring a few of your scheme along and meet some other Responders.

October 6th : Otterbourne Brass Band Concert : 2:30pm - Fair Oak Village Hall : Raffle and Refreshments. Our local Age Concern group are again putting on this concert as a fundraiser for us. This year's event is sharing the proceeds equally between ourselves and the new Hampshire Air Ambulance Service. Tickets cost £6 for over-14s and £4 otherwise, from Jill Robertson 02380 693053 at Age Concern (Fair Oak) or contact David Patrick Bishopstoke Co-Ordinator on 02380 695309

A Question of Funding – Support to Cash Starved Groups. Roger Tym, Co-Ordinator, Stockbridge Community Responder Scheme

I volunteered to write a short piece exploring the possibilities of giving aid through a mutual system to new or existing groups which find, for genuine reasons, that adequate fund raising is impossible.

On the face of it, a good idea; in practice it raises many questions. This is meant to be a discussion article, and I have no fixed ideas as to how such a scheme might work, even were it adjudged to be a 'good idea' in the first place

The first obvious question is why, when so many groups have in the past clawed their way into existence and funded themselves, do some groups find the issue so intractable? The legitimacy of any claim for financial assistance would have to be the subject of considerable scrutiny. I would suggest that this could best be done by a committee composed of representatives from existing groups, who would require a convincing and compelling case to be made them for the assistance.

It may turn out that what is really required is not money, but advice about how to go about raising money. Such a committee should have such advice as part of its remit.

If a case were to be made to the satisfaction of the committee, the next question would be whether a grant or a loan would be the most appropriate form of assistance. Clearly the whole ethos of Community Responder groups is



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that they are community derived, and this means that the community has to be made aware in the first place that there are challenges in the delivery of emergency services that can be addressed at a local level.

I have taken soundings from within my group, and there is disquiet that we should give however small a proportion of the funds that have been given to us to fund a group that *may* not have canvassed/lobbied/raised awareness as acutely as we have. The money, it is said, has been given by our community for the benefit of our community. (This begs the question of whether we would expect another group to come to our aid if we were to become an emergency in 'foreign' territory, etc.)

Most if not all of us have had to spend a considerable amount of time raising the awareness in our local communities to the need for the service, and having done so, find ourselves, in a real sense, 'indebted' to the community – the start-up funds and the continuing financial support come from the local community, and we are expected to be custodians of it for the benefit of the community. So a straight gift might well pose some real problems. On the other hand, an interest free loan, made available until such time as the subject group was in a position to repay, might avoid some of these problems. I have come to realise that as we attend more and more incidents within our own patch, the word gets around about what we do, and funds begin to trickle in on a fairly continuous and growing basis. This will happen, I believe, whenever any group becomes active. In these circumstances, a start-up loan could well spell the difference between a group never getting off the starting

blocks, and slowly establishing itself as a self-funding operation.

The advantage of a loan scheme to a local group which feels, rightly, indebted to its supporting community, is that it may fairly claim that the money still remains part of the local operation – it is merely on temporary loan, and is subject to repayment.

Groups could either make over contributions to a loans scheme, such that the money would remain in the loans account until such time as it were needed, or each contributing group could undertake to make available such and such an amount were the loans committee to call down funds. The 'pledge' element would remain in the groups account, but would be 'at call'.

There are some groups, I understand, that are so well funded that they already act in a supporting capacity to other fledgling groups, but the fact remains that without a formal scheme, these groups might be said to be acting outwith at least the spirit of what they purport to stand for – locally raised funds for local needs. The advantage of a scheme to them would be to give some degree of legitimacy to their benevolence to others. Whether they feel they need this 'comfort' I do not know.

The amount of the 'levy'/'pledge' or whatever, would, fairly and practically, be a percentage of the wealth and/or income of each individual group. Measuring what this might be at any one time or over the course of a year could be fraught with difficulty, not least because it is a well known secret that some groups have undisclosed accounts as well as those held within the Trust.



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Usually, in these circumstances, it is best to rely on the common sense and integrity of individuals. To avoid local sensitivities of the 'We didn't give the money for it to be spent in some far distant part of the County' type, the levy should be kept to the minimum practical to enable it to fulfil its function. There should, it would be reasonable to assume, never be a substantial amount locked up and idle in the account; those managing it, the committee, would, it would seem reasonable to assume, start off with as little as possible, increasing the levy from time to time, if necessary.

The 'levy' could be collected/allocated yearly or quarterly, and the funds held within the Trust? Someone on the committee would have to assume responsibility for the accountancy and administration of the fund, perhaps on a yearly rotating basis, and reporting yearly to the committee, and thence to all participating groups. This should be kept as simple as possible.

Finally, there are parts of the County that are regarded by the Service as areas of very low risk/very good health, whereas other parts are high incidence areas. The priorities for the committee, and the scheme, would be directed to the latter, and advice sought from HQ as to the appropriate category of each applicant group. The objective test for the scheme as a whole should be to help to maximise the number of incidents which could be responded to by all groups throughout the County, not necessarily to respond to all requests for help irrespective of need.

Any articles from Schemes or responses to Rogers' article would be extremely welcome. We have also received confirmation that relevant articles from the Community Responder world can be included in the Trust wide Newsletter. So please send them to me at the e-mail address below:-

Jim.hunt@hantsam.nhs.uk

Articles