

ORIGINAL PAPERS

COLLABORATIVE TRAINING WITH AMBULANCE SERVICE NHS TRUSTS

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Abstract

Creating opportunities for pre-hospital emergency care Army medical staff to maintain their clinical and medical management skills whilst in barracks has always been a challenge for Commanding Officers. In the past there have been informal relationships between some units and Ambulance Trusts; however, these have usually faltered and been seen as unsustainable. Memoranda of Understanding (MoU) between 5 General Support Medical Regiment and the North West and Yorkshire Ambulance Service NHS Trusts, using the Ministry of Defence/Department of Health Concordat as a backdrop, has hopefully created a more formal training relationship which will produce a sustainable collaboration to create training opportunities for both parties. This article highlights the training opportunities available, the factors to consider in planning MoUs and the benefits to be gained.

Introduction

'Modern and effective medical support is a fundamental part of Britain's military capabilities. The UK's Armed Forces must have the best clinical support to be able to mount and sustain operations overseas and also to ensure a fit and healthy Service population ready to deploy at any time. Defence Medical Services (DMS) personnel require training and education, in accordance with the requirements of the relevant Professional bodies, and the means of maintaining their clinical skills in order to be available to deliver their operational role. For many years the DMS and the NHS have been working together to make the most effective use of the vital national resource that our healthcare services – across both the defence and civil sectors – represent. The Government and the Devolved Administrations are committed to strengthening this important relationship, and looking at ways in which the NHS and DMS can further develop their cooperation, for the benefit of all patients, whether military or civilian.' [1].

In 2002 (updated in 2005) the Minister for Health signed a Concordat to ensure that the NHS cared for our soldiers. Just as importantly, it allowed Defence Medical Services (DMS) personnel to be employed in the NHS to ensure that their clinical skills were current and ready to use on operations. Although the Concordat was primarily written with the DMS' secondary healthcare population in mind, it applies equally to the pre-hospital sector. Despite previous informal relationships between some units and Ambulance Trusts [2], these have never been viewed as sustainable. Work therefore began to create a more sustainable training opportunity to gain additional clinical and medical management experience for members of 5 General Support Medical Regiment when they were not deployed.

The Plan

An initial scoping meeting between the Regiment and the Deputy Chief Executive of the North West Ambulance Service NHS Trust (NWAS) revealed that both sides had much to gain from such a collaboration. NWAS recognised the military's

ability to assist them with meeting their obligations set out in the NHS strategic review of ambulance services known as the 'Bradley Report' [3], by assisting with access to Continuing Professional Development (CPD) opportunities and by providing additional clinical and general leadership training. This would be achieved by offering access to a wide range of Regimental training opportunities, particularly medical CPD, leadership and team building training. A contribution could also be made to developments in trauma care procedures and equipment based upon the Regiment's experiences gained from deployed operations. The practical application of this MoU occurred quickly after initial contacts were in place after a series of meetings between NWAS and 5 GS Regiment and sequential redrafting of the original MoU to its final, fourth, iteration. The agreement will be formally reviewed 6-monthly for the first 2 years to ensure that both parties have the opportunity to review the collaboration and offer new opportunities and aims to keep the partnership fresh, current and prevent any fade over time. The MoU is copied to both organisations' chain of command to ensure transparency and continued support. This collaboration is as desirable to the Ambulance Service as it is to the Regiment:

'We are absolutely delighted to be working in partnership to provide 5 GSMR with practical hands on and operational experience to help prepare them in their deployment of military operations abroad. The MoU provides a framework for the two services to work closely together in the future. While we recognise that each service has its specific expertise and roles, there is an opportunity now to share facilities and resources, which will benefit NWAS staff, military personnel and the population they serve' [4, 5].

Implementation

Army Medical personnel already have access to high quality military medical training opportunities such as Battlefield Advanced Trauma Life Support 2005, Military Major Incident Medical Management and Support and the Road Traffic Collision Medical Management Courses and as well as placements within the Army Primary Healthcare Service. However, there remains a need for regular access to real life trauma and medical management opportunities to maintain competencies. As a result of this MoU, Junior Officer and

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Senior Non-Commissioned Officer medical leaders have been placed into ambulance control rooms, to practice asset and medical risk management; on to Patient Transfer Service vehicles where 'bedside manner' can be developed and on to front line ambulances for access to trauma calls. The benefits, as outlined in the original Concordat, include access to NHS best practice in the pre-hospital emergency care environment. This also includes other areas such as ambulance design, emergency planning and clinical governance. This has contributed to tangible improvements in unit morale and operational capability (Figure 1).



Figure 1. 5 GSMR Cbt Med Techs on Op HERRICK 7.

Combat Medical Technicians are given a booklet prepared by the Regiment explaining the administration of the attachments and a list of competencies which could be gained. There is also space to write a reflective log in order to formally capture a record of their training and experiences gained during the attachments. As competencies are achieved they are signed off by a nominated senior Trust Paramedic. This then forms part of a formal record of training for their CPD folders. It is recognised that not all competencies may be achieved in a single attachment, so these records are living documents used throughout their assignment in the Regiment.

Additional Considerations

The issue of insurance and indemnity is generally covered through the overarching Concordat and specifically via various Director General and Surgeon General Policy Letters [6]. This area understandably caused the greatest amount of questions from both the Trusts and the military chain of command. Once reassured that as long as personnel worked within their clinical or managerial competencies then there were no issues. There is also a requirement to have enhanced Criminal Record Bureau checks for our personnel, which can be a constraint due to the time these take to process and their lack of portability between NHS Trusts. Dress and personal protection equipment (PPE) is Boots Combat High and blue serge trousers (NSN 8415-99-864-2562 (last 4 digits equals size required)), Regimental polo shirt and an Ambulance Trust-provided fluorescent jacket. Further PPE is provided by the Trust as required. Personnel are detailed on Part One Orders to confirm 'duty status' and it is ensured that personnel always work within their own competencies, and are under direct supervision of a nominated clinical or managerial supervisor if required to work beyond that limit in an emergency.

A key administrative challenge is moving personnel to and from the various ambulance stations and barracks. Currently this is achieved by personnel using their own cars with suitably amended insurance policies covering travelling to work and claiming fuel expenses back via JPA. However, this requires support from the chain of command for authorisation,

particularly if this is an unforecasted expenditure, and also raises issues of road safety as a on hour drive back to barracks after a 12 hour shift could be seen as an unnecessary risk [7]. An alternative is to use duty drivers, but this puts an additional strain on driver and vehicle availability. The use of ambulance stations that are as close as possible to barracks helps in the short term, but these may not represent optimal exposure to trauma cases; work on this issue continues. The issue of personnel going directly to the Trusts to arrange attachments in their own time, such as weekends or during leave must also be addressed. In order to keep the management of attachments under control and to ensure the issue of duty status does not become blurred this is currently not permitted; but there remains great enthusiasm for these attachments which must be harnessed consistently.

Benefits

Although a no-poaching policy has been agreed, there are obvious AMS TA recruiting opportunities. Encouraging Paramedics and Ambulance Technicians to consider joining our Regiment's TA Squadrons may also provide an added bonus through improved links with the Ambulance Service. The Ambulance Service is also seeing the benefit of this closer communication through a greater awareness of the capabilities of our own personnel. They now positively welcome applications from suitably experienced personnel when they leave the Services. This initiative also contributes directly to the Army's 'Keeping the Army in the Public Eye' (KAPE) requirements (Figure 2).



Figure 2. 5 GSMR and NWS in collaboration.

The Future

As a result of the success of the collaboration with NWS, a similar Memorandum has been signed with the Yorkshire Ambulance Service NHS Trust, which will give even greater access to training and experience opportunities, particularly for the Regiment's TA squadron in Humberside. There exists spare capacity within these Memoranda, which is now being offered to other Regiments, although this development remains under review so as to ensure we do not disturb the balance of benefits to both sides.

Whilst these arrangements have been managed at a high level within the Regiment and the Trusts to ensure early success, the aim now is to apply mission command by trialling an approach whereby Squadrons will be 'twinned' with specific operational areas within the Trusts, and Medical Troops would be linked to individual ambulance stations. Troop Commanders will then be able to work directly with Station Commanders to arrange mutually beneficial training. This will give welcome additional responsibility to Troop Commanders.

A further area under discussion is the option for secondment. The known benefits to industry of secondments apply equally to the AMS and an offer has already been made by NWAS for an RAMC Medical Support Officer (MSO) to fill an appointment in the Trust HQ. This could give an MSO an unparalleled opportunity to learn the science of pre-hospital emergency care planning and management and the experiences gained would be invaluable on deployed operations. This would be reciprocated by offering a secondment opportunity to NWAS to this Regiment into an assignment where both parties would gain benefit. A final area that is also being scoped is deployment of doctors and nurses on to Trust sponsored Rapid Response Vehicles.

Summary

This collaboration between military and civilian emergency services gives unrivalled access to pre-hospital education and training for staff in both organisations. It also creates placement and secondment opportunities in to a wide range of roles such as front line ambulances, fast response vehicles, ambulance control rooms and emergency planning departments where consolidation and enhancement of existing skills and experiences in a real-time setting will aid the delivery of a safe and effective healthcare service on deployed operations. This has been captured in locally agreed MoUs designed with sustainability and endurance in mind. This ensures that the collaboration can withstand changes in personality or tempo within both organisations, and that both parties continue to gain from the alliance.

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Editors Note: Since submission of this article the author and regiment have been awarded the NHS NW Health and Social Care Award for Leadership for Improvement based upon this collaboration and subsequent performance in Afghanistan.