

Policy engagement towards informing the current and future role of Community First Responders' in the United Kingdom

We aimed to engage with policy stakeholders related to ambulance services and Community First Responders (CFR) schemes at a local, regional and national level to co-create and inform policy relating to CFR schemes, and to inform their future development.

University of Lincoln research has:

- Provided evidence to UK ambulance services to inform CFR policies.
- Engaged with policy- and decision-makers to promote evidence-informed policy.
- Directly influenced ambulance service policies for CFRs in England.



Our recently completed national CFR study explored the [role of CFRs in the current and future healthcare workforce in England](#). CFRs are members of the public or off-duty medical, nursing or allied health professionals whose aim is to reach a potential life-threatening emergency in the first vital minutes and provide appropriate care until more highly skilled ambulance staff arrive. Our study showed that CFRs contributed to a significant number and proportion of the most urgent emergency calls, particularly in rural areas but also revealed problems and potential solutions to the governance, deployment, recruitment and retention of CFRs together with actual and potential innovations that could be introduced to support CFRs and CFR schemes across the country.

Our aims were to disseminate evidence, inform policy decisions, and promote change.

Our policy engagement activities included two key components: 1) a series of meetings with policy stakeholders from ambulance services; 2) a policy engagement and co-creation workshop at 999EMS research forum – the largest Emergency Medical Services event in the UK to bring together national and international experts in the field.

Policy engagement meetings

Nine meetings were held with 19 participants from eight ambulance services at local, regional, and national levels. Three participants were also representatives of national organisations for CFRs and ambulance services including the Association of Ambulance Chief Executives. At each meeting, we disseminated research findings from the CFR study, and subsequently discussed these with participants to explore opportunities for improving CFR provision. We found the lack of harmonisation of training and work across regional ambulance services was a significant challenge hindering the seamless movement and practices of trained CFRs between services. The need for standardisation of CFR training between ambulance services and the establishment of a nationally recognised certification system was important to policy stakeholders. The policy stakeholders agreed that it was crucial to address regional boundary challenges in CFR governance. They emphasised the need for policy interventions to nationally standardise CFR training and facilitate greater mobility for CFRs, allowing volunteers to effectively carry out their life-saving roles in diverse settings, even when relocating between regions. All policy stakeholders recognised variation in the CFR scope of practice across ambulance services: while several ambulance services proposed to broaden the scope of CFR practice, some services preferred to limit practice and focus on them responding to suspected out-of-hospital cardiac arrest only. The activities have informed the National Ambulance Volunteering Strategy.

The role of Community First Responders

- NHS ambulance services respond to over a million emergency calls each month.
- CFRs attend over 3% of these calls and over 9% of calls in rural areas.
- Commonly they attend the most urgent calls to people with heart, chest and neurological conditions.

Workshop at 999EMS Research Forum, 2023, Manchester

Title: *Community First Responders' Role in ambulance services - developing evidence-based guidance for future policy*

We promoted our workshop through the conference organising committee and directly, informing experts about the workshop objectives and inviting them to participate in the policy engagement and co-creation activities. The workshop fostered policy participation and included evidence-sharing, discussions, reflections, and policy recommendations. An overview of the study findings was shared for deeper understanding of issues in CFR provision. Evidence-driven discussions enabled convergence of policy expertise, technical knowledge in CFR schemes and emergency contexts, with proposed innovative solutions. We encouraged participants to reflect on the challenges and opportunities of CFR schemes and the policy areas in question. These reflective exercises facilitated constructive dialogue and the exchange of best practice, ultimately co-creating a change agenda for development of future CFR policy.

IMPACT ON POLICY

Policy recommendations:

- ✓ To develop and implement guidelines for response and follow-up of falls incidents attended by CFRs to ensure continued support for recovery and prevention of future falls.
- ✓ To address wellbeing and engagement of CFR volunteers, providing more support, regular debriefing sessions, and formal recognition of their role as CFRs.
- ✓ To recruit CFRs from minority ethnic and socially deprived communities to broaden the reach of CFR schemes and cover a wider population, thereby improving diversity and inclusion within emergency response initiatives.
- ✓ To prevent harm and maintain quality standards through a robust audit system and provision of liability insurance, continually monitoring emerging challenges and improvements and ensuring the safety and effectiveness of CFR practices.

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Further information at:

<https://www.cahru.org.uk/research/peqo/community-first-responders-role-in-the-current-and-future-rural-health-and-care-workforce/>

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