


Agenda Item 6

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report by
Lincolnshire Integrated Volunteer Emergency Services (LIVES)

Report to	Health Scrutiny Committee for Lincolnshire
Date:	20 January 2016
Subject:	Lincolnshire Integrated Volunteer Emergency Service (LIVES)

Summary:

The Lincolnshire Integrated Volunteer Emergency Service (LIVES) is a registered charity, which provides an emergency response by trained volunteers to medical emergencies throughout Lincolnshire. We deliver two responses to emergencies. The majority is in the form of a locally-based trained lay volunteer Community First Responder giving timely life-saving interventions, but also could be Medic First Responder (qualified healthcare professional) providing advanced or critical medical care. Our service supports the service provided by the East Midlands Ambulance Service NHS Trust as the statutory ambulance service provider with whom we have a Service Level Agreement. We are at a watershed in our development and are looking to develop into other areas of Health and Social Care to contribute to the resilience of individuals within the communities of Lincolnshire and level up health inequality brought about by rurality.

The following LIVES personnel will be attending the Committee: -

- Dr Simon Topham, Clinical Director
- David Hickman, Training Manager
- Stephen Hyde, Marketing and Fundraising Manager

Actions Required:

- (1) To consider and comment on the information presented on Lincolnshire Integrated Volunteer Emergency Service (LIVES).

1. Background

Introduction

The LIVES Charitable Objectives are:

To provide Immediate Medical Care to any person injured in an accident or involved in any medical emergency in the area of Lincolnshire, North-East Lincolnshire or any area reasonably close to. To advance the principle of Pre-Hospital Emergency Care on a national basis; providing advice and guidance in all aspects of such care, including the delivery of training and provision of approved emergency equipment.

There are over 160 responder groups across Lincolnshire, with around 700 active LIVES Community First Responders and LIVES Medics. LIVES has responded to around 17,000 emergency calls the last few years, and this number is set to increase over the coming years.

LIVES has just appointed its first Chief Executive Officer, who will be in post from 1 April 2016. Having grown steadily over its 45 year history, LIVES has now reached the level where strategic development is required to respond to the ever-growing demand for Health and Care within a resource-limited NHS. LIVES feel that they can provide far more to the people of Lincolnshire than at current, and can mobilise a far wider volunteer base to provide the 'big society'. One example is a project designed to provide a one and a half hour emergency first person on scene training lesson, (choking, recovery position, catastrophic bleed and CPR) to all year 10 students throughout Lincolnshire.

The following information provides an outline of the responder and medic roles.

LIVES Responders

When a 999 call is made within the Responder's local area, East Midlands Ambulance Service (EMAS) despatch an emergency ambulance with a response category determined by the AMPDS computer-based triage system. At the same time EMAS Community First Responder (CFR) desk will activate the LIVES Responder who is 'on-duty'. LIVES Responders are dispatched using a response 'isochrones map' determined by an ability to get to the patient within six minutes. Because of being embedded in their community, the Responder very often arrives first on the scene (currently 86% CFRs arrive first) and can begin to treat the patient by:

Following a Danger, Responsiveness, Airway, Breathing, Circulation model (DR-ABC). This schema leads to the Responder:

- clearing and controlling the airway of an unconscious patient;
- providing resuscitation and defibrillation;
- giving oxygen therapy;
- controlling any bleeding;
- taking observations; Blood pressure, Blood glucose, Temperature, Respirations and Pulse.
- being the 'eyes and ears' of the ambulance service and feed back information to control if the situation is not as initially expected.

- making the patient feel more comfortable and at ease; reassuring worried relatives and taking charge of the situation;
- using local knowledge to ensure that the ambulance can find the location quickly.

In cases where the patient has suffered a cardiac arrest and has stopped breathing, the Responder follows Resuscitation Council guidelines to optimise the chance of survival. In this situation, the patient's heart needs to receive a shock (defibrillation) as quickly as possible, ideally within the first five to ten minutes of collapse. The earlier this can happen, the better the patient's chance of survival. First Responders carry a defibrillator, which can deliver a controlled shock in an attempt to correct the patient's heart rhythm. A defibrillator costs approximately £1,000, but it can mean the difference between life and death for some people.

The 999 calls where the Responders make the biggest, most obvious differences are to the calls coded by the AMPDS system as Red 1 or Red 2 calls. These are 999 calls which have been deemed "serious and/or life threatening". EMAS aims to be at these calls within 8 minutes, but as these calls require medical help to arrive as quickly as possible, LIVES Responders can shave off vital minutes due to their unique position within the community.

Examples of Red calls are:

- signs of cardiac arrest;
- unconsciousness and collapse;
- chest pains (for example, heart attack and acute angina);
- breathing difficulties (for example, asthma);
- diabetic emergencies (for example, hypoglycemia);
- fitting or convulsions (for example epilepsy);
- stroke;
- anaphylaxis (severe allergic reaction);
- choking.

More than 70% of cardiac arrests occur out of hospital. For this reason, the ability of a LIVES Responder to get to a patient quickly and administer basic life support and early defibrillation until the ambulance arrives is vital, especially in rural areas where an ambulance cannot always reach the scene straight away.

Medics

LIVES medics have been voluntarily providing advanced pre-hospital emergency care since the inception of the charity in the early 1970s. These members are qualified healthcare professionals; doctors, nurses, paramedics and technicians, who freely offer their spare time to respond to 999 calls when available.

The LIVES medic role is twofold:

1. Timely Response - Providing a first responder service to the local community in the same way as their lay First Responder counterparts.
2. Adding Value – LIVES Medics provide advanced or critical care intervention, taking skills above and beyond those provided by the statutory ambulance service.

Medics may attend the following incidents:

- life-threatening medical emergencies;
- cardiac arrest;
- paediatric emergencies;
- road traffic collisions;
- major trauma;
- major incidents;
- responding to requests for on-scene advanced clinical support.

LIVES medics offer skills appropriate to their level of professional training. The highest level medic members are able to offer some or all of the following skill sets:

- advanced airway management, and management of the difficult airway; including pre-hospital emergency anaesthesia (“medically-induced coma”)
- on-scene chest surgery;
- advanced ventilatory strategies;
- advanced vascular access techniques;
- sedation and advanced analgesia;
- senior clinical support and decision making;
- major incident management; and
- further critical care interventions.

Issues for the Committee

The Committee is invited to explore the following issues:

- the number of Responders, and their recruitment, training and retention;
- the need to re-visit the aims registered with the charities commission in a changing world with a view to broadening the remit of LIVES Responders to deal with a wider range of less ‘urgent’ health and social care needs.
- support from and liaison with the East Midlands Ambulance Service;
- funding issues (in particular support from the Lincolnshire CCGs and NHS England); and
- the impact of the new commissioning arrangements on LIVES.

2. Conclusion

The Committee is requested to consider the information on LIVES.

3. Consultation

This is not a consultation item.

4. Background Papers - None

This report was written LIVES Clinical Director, Dr Simon Topham, who can be contacted at drtopham@lives.org.uk