

Cost Benefit Analysis of Co-responding

Equipment and Clothing (Existing Units)

Question in this section ask about equipment and clothing which were EXISTING prior to EMR . Please provide complete answers where possible.

4. How many EXISTING UNITS of each of the following items did your service own PRIOR to the implementation of EMR?

Uniforms (Personal Protective Equipment)

Defibrillators (inc. AED etc.)

Handling equipment (inc. lifting equipment)

Pulse Oximeters

Oxygen Cylinders

Trauma Technician Goggles

Oxygen Masks (inc. adult and paediatric)

Clinical Bags

iGels

First Aid Kits

5. Which organisation was paying for the EXISTING UNITS of each of the following items, PRIOR to the implementation of EMR?

	Organisation paying
Uniforms (Personal Protective Equipment)	<input type="text"/>
Defibrillators (inc. AED etc.)	<input type="text"/>
Handling equipment (inc. lifting equipment)	<input type="text"/>
Pulse Oximeters	<input type="text"/>
Oxygen Cylinders	<input type="text"/>
Trauma Technician Goggles	<input type="text"/>
Oxygen Masks (inc. adult and paediatric)	<input type="text"/>
Clinical Bags	<input type="text"/>
iGels	<input type="text"/>
First Aid Kits	<input type="text"/>

6. What was the COST PER UNIT (if available) for each of the following items PRIOR to the implementation of EMR? *Please write numbers in full using only numeric characters (ie enter 1000 rather than 1,000, £1000, or 1k, etc.)*

Uniforms (Personal Protective Equipment)	<input type="text"/>
Defibrillators (inc. AED etc.)	<input type="text"/>
Handling equipment (inc. lifting equipment)	<input type="text"/>
Pulse Oximeters	<input type="text"/>
Oxygen Cylinders	<input type="text"/>
Trauma Technician Goggles	<input type="text"/>
Oxygen Masks (inc. adult and paediatric)	<input type="text"/>
Clinical Bags	<input type="text"/>
iGels	<input type="text"/>
First Aid Kits	<input type="text"/>

7. Did your service hold any EXISTING equipment or clothing, other than that included in questions 4 - 6, which is now used for co-responding (please specify **type**, **cost per unit**, and **approximate volume**)? *100 words*

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Cost Benefit Analysis of Co-responding

Equipment and Clothing (Additional Units)

Question in this section ask about equipment and clothing which were purchased ADDITIONALLY in order to support EMR.

8. How many ADDITIONAL UNITS of each of the following items have been purchased (either by your service or a partner organisation such as an ambulance service) to support EMR (and in particular co-responding)?

Uniforms (Personal Protective Equipment)

Defibrillators (inc. AED etc.)

Handling equipment (inc. lifting equipment)

Pulse Oximeters

Oxygen Cylinders

Trauma Technician Goggles

Oxygen Masks (inc. adult and paediatric)

Clinical Bags

iGels

First Aid Kits

9. Which organisation pays for the ADDITIONAL UNITS of each of the following items (and in particular co-responding)?

	Organisation paying
Uniforms (Personal Protective Equipment)	<input type="text"/>
Defibrillators (inc. AED etc.)	<input type="text"/>
Handling equipment (inc. lifting equipment)	<input type="text"/>
Pulse Oximeters	<input type="text"/>
Oxygen Cylinders	<input type="text"/>
Trauma Technician Goggles	<input type="text"/>
Oxygen Masks (inc. adult and paediatric)	<input type="text"/>
Clinical Bags	<input type="text"/>
iGels	<input type="text"/>
First Aid Kits	<input type="text"/>

10. What is the COST PER UNIT (if available) for each of the ADDITIONAL UNITS of the following items (and in particular co-responding)? Please write numbers in full using only numeric characters (ie enter 1000 rather than 1,000, £1000, or 1k, etc.)

Uniforms (Personal Protective Equipment)

Defibrillators (inc. AED etc.)

Handling equipment (inc. lifting equipment)

Pulse Oximeters

Oxygen Cylinders

Trauma Technician Goggles

Oxygen Masks (inc. adult and paediatric)

Clinical Bags

iGels

First Aid Kits

11. Did your service (or a partner organisation) purchase any ADDITIONAL equipment and clothing, other than that included in questions 8-10, for the purpose of co-responding (please specify **type, cost per unit and approximate volume**)? *100 words*

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Cost Benefit Analysis of Co-responding

Training

Questions on this page relate to training which was undertaken by FRS staff for the purposes of delivering EMR. During the course of Broadening Responsibilities, several services highlighted that some vital training would have been undertaken by services anyway. Please indicate how many staff have received training.

12. Which of the following forms of training have your staff undertaken in support of co-responding

	Is this a requirement in order to undertake EMR?	Did colleagues receive this training anyway (i.e. aside from EMR)?
Immediate emergency care/medical life-threatening response training	<input type="checkbox"/>	<input type="checkbox"/>
Ambulance service familiarisation training (inc. additional medical response training)	<input type="checkbox"/>	<input type="checkbox"/>
First aid course	<input type="checkbox"/>	<input type="checkbox"/>
Clinical governance training	<input type="checkbox"/>	<input type="checkbox"/>
CPR and Defibrillator training (inc. high-quality)	<input type="checkbox"/>	<input type="checkbox"/>
Safeguarding training	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

13. What was the average duration of each training course (days)

Immediate emergency care/medical life-threatening response training

Ambulance service familiarisation training (inc. additional medical response training)

First aid course

Clinical governance training

CPR and Defibrillator training (inc. high-quality)

Safeguarding training

Other

14. Enter the number of staff who have received/will receive training

Immediate emergency care/medical life-threatening response training

Ambulance service familiarisation training (inc. additional medical response training)

First aid course

Clinical governance training

CPR and Defibrillator training (inc. high-quality)

Safeguarding training

Other

15. What is the price of training per day (if available - not including staff costs)

Immediate emergency care/medical life-threatening response training

Ambulance service familiarisation training (inc. additional medical response training)

First aid course

Clinical governance training

CPR and Defibrillator training (inc. high-quality)

Safeguarding training

Other

16. How often should this training be undertaken? (e.g. annually)

Immediate emergency care/medical life-threatening response training

Ambulance service familiarisation training (inc. additional medical response training)

First aid course

Clinical governance training

CPR and Defibrillator training (inc. high-quality)

Safeguarding training

17. Which other forms of training have your staff undertaken (not already captured)? Please include days allocated across the workforce where possible. 200 words

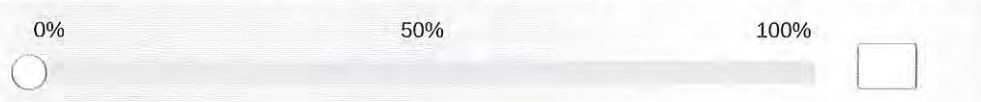
Cost Benefit Analysis of Co-responding

Inoculations

18. What is the policy of your service towards workforce inoculations?

- Carried out proactively, across the entire workforce
- Carried out proactively, and targeted to those in key roles (i.e. EMR)
- Carried out in response to need (i.e. evidence of exposure to Hepatitis B)

19. What proportion of your operational workforce is inoculated against Hepatitis (as an estimate)?



20. In a scenario where you intended to inoculate your entire workforce to support implementation of EMR across your service, how long do you estimate it would likely take?

- 1 year (or less)
- 2 years
- 3 years
- 4 years
- 5 years
- More than 5 years

21. Please provide additional description of your organisational approach to inoculations and immunisation, other than that which is identified in this section (optional). 100 words

Counselling and Support

This page builds on evidence already gathered on mental wellbeing arrangements by the National Joint Council's Technical Working Group. This work established the volume of counsellors readily available to fire and rescue service personnel, as well as some information on the degree of direct referrals which occur. It seeks to build on that understanding by establishing the hidden additional demand created by EMR.

22. What is the caseload of the average workplace counsellor supporting your service?

23. How many referrals are made to workplace counsellors per annum (total)?

24. How many referrals are made to workplace counsellors per annum (EMR)?

Section 2 - Call Types & On-Scene Response

Questions in this part of the survey relate to operational experience of co-responding, be that as part of the NJC trial or otherwise. They build on findings from Broadening Responsibilities, as well as advice and guidance provided by a number of from implementation leads.

New Economy seeks to build a model of co-responding across the UK. Therefore questions in this section are designed to understand the potential of co-responding at scale, as well as factors which would influence or inhibit the extent and nature of co-responding. Chiefly, we anticipate that the other factors competing for fire service capacity will be (i) core fire response under blue-light conditions; and (ii) other non-urgent prevention work (such as safe and well checks).

Questions in this part of the survey are focused on building up a common national experience of co-responding, and no findings specific to any particular service will be expressed or referred to in reporting on cost benefit analysis.

25. Across your service, if EMR were agreed nationally, what proportion of your operational workforce would you plan to undertake co-responding? 100 words

26. (If your service took part in an EMR trial) Is the volume of co-responding activity during the EMR Trial representative of the intended scale of EMR for your area post agreement on permanence? 250 words

Response and On-Scene Activity

Data exists and is available on response times for EMR. Questions in this section look to supplement intelligence gathered in the course of Broadening Responsibilities with a broader understanding of response time variation (or lack thereof) between whole-time and retained firefighters when undertaking the core duty of fire response under blue light conditions. We recognise that not all services will be able to submit data on this section.

27. When discharging current core emergency response duties (i.e. not related to EMR), what is the average response time of your firefighters? (optional)

Wholetime	<input type="text"/>
Retained	<input type="text"/>
General	<input type="text"/>

28. When discharging current core emergency response duties, what is the average total on-scene time for your firefighters? (optional)

Wholetime

Retained

General

Section 3 - Benefits Realisation

Questions in this part of the survey are about existing service level agreements and the nature of strategic engagement between your service and clinical commissioners operating within your footprint. The purpose of this section is to help New Economy to develop a high-level understanding of the commissioning landscape within which you are operating, and therefore the potential realisation of any gross benefits created by your service as cashable financial savings.

29. Do clinical commissioner(s) AND/OR ambulance trusts operating within the footprint of your services commission any services you deliver?

- CCGS
- Ambulance trusts

30. If yes, is the commission based on a contractual award or payment-by-results (e.g. per attendance)?

- Payment By Results
- Contract
- None
- Other (please specify)

31. If yes, please provide details of the nature of the commission(s), including service-level agreements and other financial agreements (as you feel appropriate).

Cost Benefit Analysis of Co-responding

Thank you for completing this survey. Your answers will be utilised by New Economy to develop a national cost-benefit analysis for the National Joint Council in respect of EMR.

If you have any further questions, please get in touch with rachel.stevens@local.gov.uk.