



Medical Emergency Response Incident Team (MERIT) Communication Briefing February 2014

Introduction

The North West CCGs and North West Ambulance Service NHS Trust (NWAS) have been working in partnership to enable and provide a dedicated Medical Emergency Response Incident Team (MERIT) in line with the DH Guidance for preparing for major incidents: http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_5447104

The Civil Contingencies Act 2004 (CCA), the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 together with other legislation in addition to the NHS England Core Standards for Emergency Preparedness, Resilience and Response (EPRR), provide requirements to ensure that the NHS is best prepared to protect the public and patients in terms of major incidents and mass casualty situations, alongside individual patient incidents.

Purpose of MERIT

The purpose of a MERIT response is to provide advanced medical care on scene at a range of emergency incidents, up to and including major and mass casualty incidents. This may include provision of advanced airway procedures, surgical interventions and critical care over and above current levels of ambulance clinical practice. It will also include provision of advice and support to emergency services staff already on scene. NW MERIT will provide a 24/7, 365 days capability.

The key aim in providing a MERIT response is to get advanced, specialist medical intervention to casualties in the pre-hospital environment where it is recognised that this would increase their chances of survival and improve clinical outcomes, further than can be currently undertaken by ambulance Trusts. MERITs should be regarded as an extension of available medical care with the provision of specialised skills to enhance pre-hospital patient management.

Benefits

The overall objective in developing a NW MERIT is to bring a number of benefits to patients, the NHS and to society as a whole.

The key benefits of developing and providing MERIT services are:

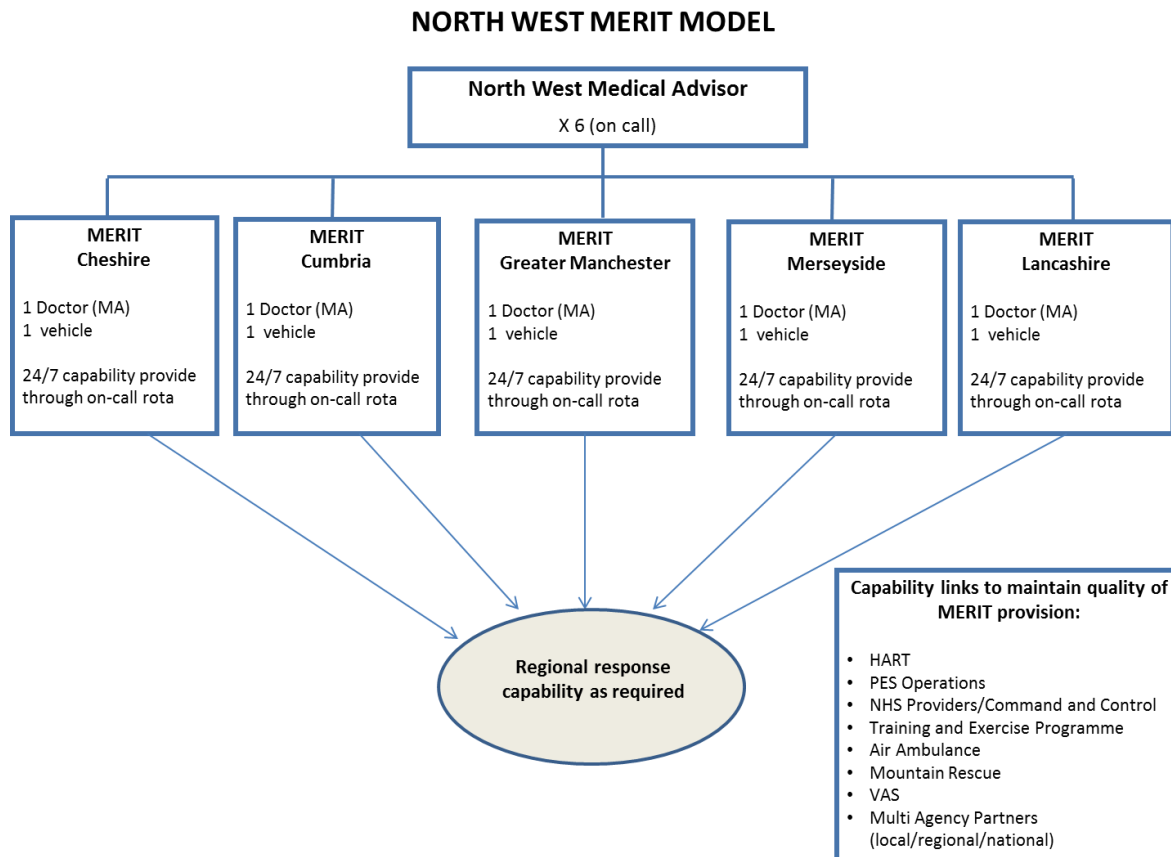
- Lives saved and clinical outcomes improved, with medical implications reduced for casualties by using advanced specialist clinical interventions at the point of delivery in the pre-hospital environment
- Bringing senior clinical decision making and critical care interventions closer to the point of injury.
- Speedier and more detailed and informative feed into the tactical health command system

- Greater public confidence in anticipated clinical assistance in the event of becoming a casualty.

How North West MERIT will work?

The Strategic Partnership Board (SPB) approved the NW MERIT Model in late 2013 with a view to providing a quality, consistent capability within each of the five counties of the region.

How the Model looks:



MERIT would be a complementary response to the emergency services and therefore would arrive on scene to provide appropriate support. The initial call or an on scene assessment made by the emergency services will determine whether a MERIT is required. A MERIT response will be determined by the Advanced Paramedic function on the Trauma Desk, who will liaise with on scene commanders and resources. MERITs will operate on a guaranteed on call basis as determined by NWAS in conjunction with CCG and or a Local Health Gold cell.

Each NW MERIT doctor will benefit from the opportunity to develop and maintain pre-hospital skills and major incident awareness by requiring each to have 10 days (NWAS) operational experience. The ten days will include five days of operational response experience, four days training with NWAS and multi-agency partners and one day exercise per year.

North West Ambulance Service NHS Trust will host the MERIT capability and provide the necessary support in terms of a dedicated **MERIT Management Team** to ensure the arrangements are always maintained and prepared.

Members of MERITs must be formally trained and assessed in the performance of these skills. It is important that MERIT functions as a team and that the skills are a function of the team and are not dependent on particular individual members.

Examples of MERIT deployment in addition to major incidents mass casualty incidents:

- Trauma – requiring, for example, advanced management of pain' advanced airway management' fracture manipulation specialist extrication including amputation
- Prolonged scene times for whatever reason e.g. entrapment over an extended period
- Advanced triage including management of deteriorating situations
- Critical care including specialised patient monitoring
- Chemical, Biological, Radiological, Nuclear (CBRN) contamination or suspected contamination
- Peer-to-peer communication
- Hypo/hyperthermia management
- Psychiatric and psychosocial assessment.

These are specialised functions that need expertise above and beyond normal medical and paramedical practice. It is the performance of these complex medical interventions by the team that make MERIT unique and an essential part of the development of improved pre-hospital patient care.

Relationships between MERIT and other Special Operations capabilities

A MERIT response will be required to interface with a number of other agencies and personnel on scene. This will include the conventional ambulance response and, where applicable, the ambulance Hazardous Area Response Team (HART) personnel including Urban Search and Rescue (USAR). This will require further specialised training and exercising to ensure the ability to understand specialist roles and operate accordingly.

Other specialist services where interface may be required will vary according to location and may include, for example, mines rescue, the Royal National Lifeboat Institution (RNLI), mountain rescue; the Maritime Incident Response Group and the other emergency services.

In the event of large scale and/or protracted incidents, there may be a requirement to support mutual aid to other areas of the country.

Mobile Medical Teams

The MERIT capability does not wholly replace the need to have localised Mobile Medical Teams (MMT's) for incidents such as entrapments and other trauma that may benefit from a surgical team, for example, working at the scene alongside the paramedics. Therefore across the North West we will still need to maintain a level of capability to provide local responses to scenes for when they are required.

NW MERIT Progress to date

MERIT is a collaborative project funded by the CCGs and hosted by NWAS. A MERIT Project Board (MPB) has been established which includes both Lead CCG and NWAS representatives with the aim to deliver the NW MERIT against agreed timelines. A project plan is in place to manage and deliver all of the key elements.

The teams will be introduced in a phased programme.

The Cheshire and Merseyside CCGs have requested and agreed an implementation target of **1st June 2014** for a MERIT capability to be live within their respective areas. The remaining county teams will be phased in during the remaining 2014/15 financial year. All teams are expected to be fully operational during 2014/15. Once live it is expected approximately 50 to 75 doctors will be

operating as part of the MERIT teams from a variety of backgrounds including urgent, emergency and primary care

Timetable

In respect of working towards this target date and with a view to enabling further development across the other North West counties, the following actions are in progress:

No:	Activity	Target Date	Status
1	Establishment of a dedicated MERIT Management Team within NWS	01/03/14	On Track
2	Development of MERIT Doctor Job description and Person Spec	01/02/14	On Track
3	Advertise for expressions of interest across Cheshire and Mersey CCG's for MERIT Doctors	w/c 03/02/14	On Track
4	Develop honorary contracts for MERIT Doctors employment with NWS	01/06/2014	On track
5	Recruitment and selection of MERIT Doctors including necessary employment checks	In post 01/06/14	On track
6	Develop communication brief for partners and stakeholders	01/02/14	On Track
7	Establish meetings with other NW CCG leads to agree target dates for MERIT capability in respective counties	31/03/14	On Track
8	Go Live with Cheshire and Mersey area MERIT capabilities	01/06/14	On Track
9	Implement MERIT in remaining three counties of the North West	01/09/14	On Track

Recruitment

The advertisement for expressions of interest for doctors to work on the MERIT capability will go out in the first week of February 2014 (for Cheshire and Mersey areas). NWS will be responsible for the recruitment and selection process including the development of the honorary contracts between doctor, host Trust (if applicable) and NWS.

Doctors interested in being part of the NW MERIT capability are encouraged to look out for the advertisement for expressions of interest which will be posted in the British Medical Journal and NHS Jobs.

Regular communication bulletins will be circulated to all stakeholders to enable MERIT to be understood and embedded into the emergency services and wider health capability arrangements.