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**Requests for Military Aid to the Civil Authorities (MACA) from the NHS in England**

Requests for Military Aid to the Civil Authorities (MACA) from the NHS in England

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# Introduction

The NHS in England is generally expected to manage emergency response within its own capabilities. However, where a capacity has been exceeded or the NHS does not have the specific capability to deliver, the military may be required to augment responses.

Military support in an emergency is provided on an assistance basis, known as Military Aid to the Civil Authorities (MACA). MACA support is not guaranteed and may incur a charge for its provision unless it is in response to an immediate threat to life.

Routinely such requests require ministerial authorisation however, in very exceptional circumstances, for example, grave and sudden emergencies, where there is an urgent need to protect life, a local (Military) commander is empowered to deploy assets to deal with the situation without recourse to additional ministerial authority.

Full details of the Defence contribution to resilience in the UK can be found in the [Joint Doctrine Publication 02 UK Operations: the Defence Contribution to Resilience and Security](https://www.gov.uk/government/publications/operations-in-the-uk-a-joint-doctrine-publication).

The Defence contribution to resilience is usually provided by the Armed Forces through spare capacity, so it is subject to the availability of resources.

# Purpose

The purpose of this document is to provide a summary of the requirements and process of requesting MACA within the NHS in England.

In the event of a widespread incident involving multi-agency partners then all requests should be coordinated with the appropriate Strategic Coordinating Group. This process only applies to health related requests.

# Dealing with impacts on the NHS

In order to maintain their clinical competency, many Armed Forces personnel undertake work within the NHS.  Any MACA request for Armed Forces medical support may see these staff recalled from the NHS to support delivery of the MACA, which could significantly impact on the provision of NHS services. As a result, MACA requests for clinical staff are unlikely to be supported unless there are exceptional circumstances.

# Blast and high velocity injuries

Personnel from the Defence Medical Service (DMS) have experience of blast and high velocity injuries. Therefore they would be able to provide expert advice and guidance on treatment of these types of wounds, including, in the fields of anaesthetics, emergency medicine, plastic and reconstructive surgery, general surgery, trauma and orthopaedics surgery and radiology. This can be requested through the normal MACA request process, if it is over and above agreed assistance.

# Key principles

Military assistance is governed by four principles and should only be provided:

* When there is a definite need to act and the tasks the Armed Forces are being asked to perform are clear.
* Where all other options have been discounted. The use of mutual aid, other agencies, and the private sector must be otherwise considered as insufficient or be unsuitable.
* If the NHS lacks the required level of capability to fulfil the task and it is unreasonable or prohibitively expensive to expect it to develop one.
* The NHS has a capability, but the need to act is urgent and it lacks readily available resources.

It is important to remember that unless there is an immediate threat to life the financial implications of the request must be considered and an agreement reached as to who is funding the support prior to submission.

MACA requests for the NHS are made by NHS England (National) through the Department of Health (DH) and require authorisation from a Health Minister prior to submission to Ministry of Defence (MoD).

NHS England (National) will coordinate all MACA requests on behalf of the NHS.

# How to request

All requests should be submitted to NHS England (National) as early as possible, especially for pre-planned events (including industrial action). The Joint Regional Liaison Officer (JRLO) can provide advice and support at a local level to inform the request.

A generic request form is provided at Appendix One.

Any request must show:

1. **General background**

Brief description of the situation

1. **Assistance required**

This should describe the effect to be achieved rather than what the requestor thinks should be provided

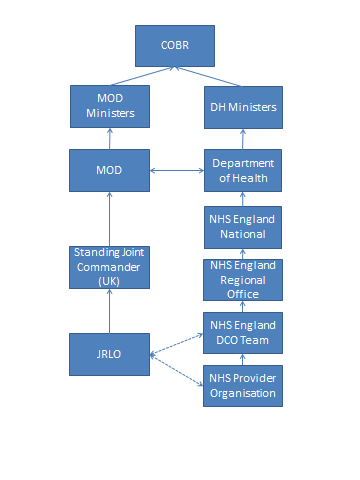
1. **Timings**

When is support required and for how long

1. **Evidence of the capability gap**

Confirmation that reasonable efforts have been made to address the requirement through mutual aid, other organisations and the private sector

The request process for the NHS is shown in Figure one.



*Figure one MACA Request Process*

# Communications

Any request for MACA will be likely to attract media attention and must be considered in the communications strategy. MoD will determine the Defence media stance and will work in conjunction with DH to ensure coordinated messaging. NHS England (National) communications team will lead the NHS communications in partnership with DH.

# Appendix One Generic MACA Request Form

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Please complete as much of this form as possible***  *Delete text in italics prior to completion* | | | | |
| Time and date of request | |  | | |
| 1) Summary of incident | | | | |
| * **Brief outline of the background situation**   *A brief summary of the request including the background and nature of the incident/event, where it is taking place and timings.*  *For Major Events – For large events or events where more than one military capability is likely to be required, you should seek the appointment of a military liaison officer as early as possible during the planning process. The appointment of a liaison officer does not, however, eliminate the need to submit a detailed request once an appropriate package of support has been identified.*  *If appropriate, a detailed and up to date threat assessment to justify the deployment of military resources should be included. This should be event-specific, and not based on the general threat state. For annual or recurring events, the threat assessment should not merely be a re-use of previous assessments.*   * *Estimate of the severity and the number of properties/people affected* * *Special considerations, i.e. vulnerable communities, future forecasts, etc.* * *Implications of not achieving this request* * *Outline of next actions or events* | | | | |
| 2) What effect is military support sought to achieve? (*text below is an example)* | | | | |
| *Include a clear statement of what you are trying to achieve. You should not aim to identify a particular military unit that can achieve this outcome. The MoD will always determine the best means of delivering the desired effect.*  *You should list your objectives here*  *e.g. In view of the identified risks of ‘widespread flooding’ in multiple locations throughout the county, the request for military assistance is as follows:*  ***Preparation and Prevention***  *Assist multi-agency responders to maximise the safety and security of communities by taking all reasonable steps to protect vulnerable premises and locations by:*   * *Erecting temporary demountable flood defence barriers (****where, how many, by when****).* * *Constructing sandbag flood defences as required (****where, how many, by when****).* * *Clearing debris that may lead to blockages of waterways (****where, how many, by when****).*   ***Response***  *Assist multi-agency responders by:*   * *Warn & inform the community of the flood risk (****where, how many people, by when****).* * *Be prepared to provide support to evacuate the community to designated rest centres (****where, how many people and are any vulnerable communities involved, by when****).* * *Gain access to communities cut off by flood waters, ensuring that essential provisions are provided (****where, how many people and are any vulnerable communities involved, by when****).* | | | | |
| 3) Is there a requirement for armed assistance? | | | | |
| **No** | | | | |
| 4) When is the effect required? | | | | |
| *Details are needed about when the assistance is required and for how long. Military assets are not always available so more notice means greater flexibility. Conversely, there may be an opportunity to utilise an asset already in the area or on route so the more notice the better.*  *Routine Operations - planned operations should be submitted at least 14 days, preferably 28 days, in advance of the requirement.*  *Special Operations - For incidents where there is an imminent threat to life, the staffing process can be completed in a much reduced timeframe.*  *This also needs to include time for any additional training prior to deployment and post deployment debrief.* | | | | |
| 5) What alternatives have been considered? Include mutual aid and commercial alternatives. | | | | |
| *You should confirm that the ability to achieve the desired effect is not available either from within own resources, or from other sources i.e. commercial providers and/or mutual aid. This should include consideration of whether the capability can be obtained from another Government Department or Agency.*  *e.g. Due to the size of response measures, and potential requirement for large scale evacuation effort, the multi-agency response capabilities of responders has become stretched. Mutual aid to is already in place along with a number of volunteer organizations* | | | | |
| Requesting NHS Organisation |  | | Contact email |  |
| Requesting Officer (empowered to agree spend):  Email | *Name* | | Signed: |  |
| NHS England (Region) Approval  Email | *Name* | | Signed: |  |
| NHS England Incident Director (National)  Email | *Name* | | Signed: |  |