ARMA Networks: Induction Pack

The Purpose of this Induction Pack
This pack is designed for the Arthritis and Musculoskeletal Alliance (ARMA) Network groups. It has been created to act as a guide to provide advice and assistance when forming a new network, whilst also detailing specific advice for already established Networks.

1. ARMA Background

What is ARMA?

The Arthritis and Musculoskeletal Alliance (ARMA) is the umbrella association body providing a collective voice for the arthritis and musculoskeletal (MSK) community in the UK. It is the UK national action network for the Bone and Joint Decade and the UK's representative for EULAR PARE.

ARMA works in partnership with its Member organisations to improve standards of care for people with arthritis and other MSK disorders.

The alliance was founded in 1972 under the name 'the British League against Rheumatism', which was changed to ARMA in 2002. Today (2016) ARMA is made up of nearly 40 patient and professional member organisations, ranging from specialised support groups for rare diseases to major research charities and national professional bodies.

Objectives

ARMA's vision is that MSK disorders are a priority in policy and practice in the UK. ARMA works collaboratively with its members and partners to achieve this vision. Download ARMA's 2016-2018 strategic plan.

Policy and Influencing

ARMA continues to lead the MSK Clinical Networks projects in England in partnership with NHS England. The MSK Knowledge Network (http://arma.uk.net/msk-clinical-networks-project/arma-associated-ccg-networks/) was established in September 2015 and there is an active community of clinicians and organisations sharing best practice through an online platform.

ARMA has begun a dialogue with Public Health England around the importance of physical activity in MSK health. The Global Burden of Disease data highlights the prevalence of MSK conditions and the impact upon people's lives. MSK is moving further up the policy agenda.
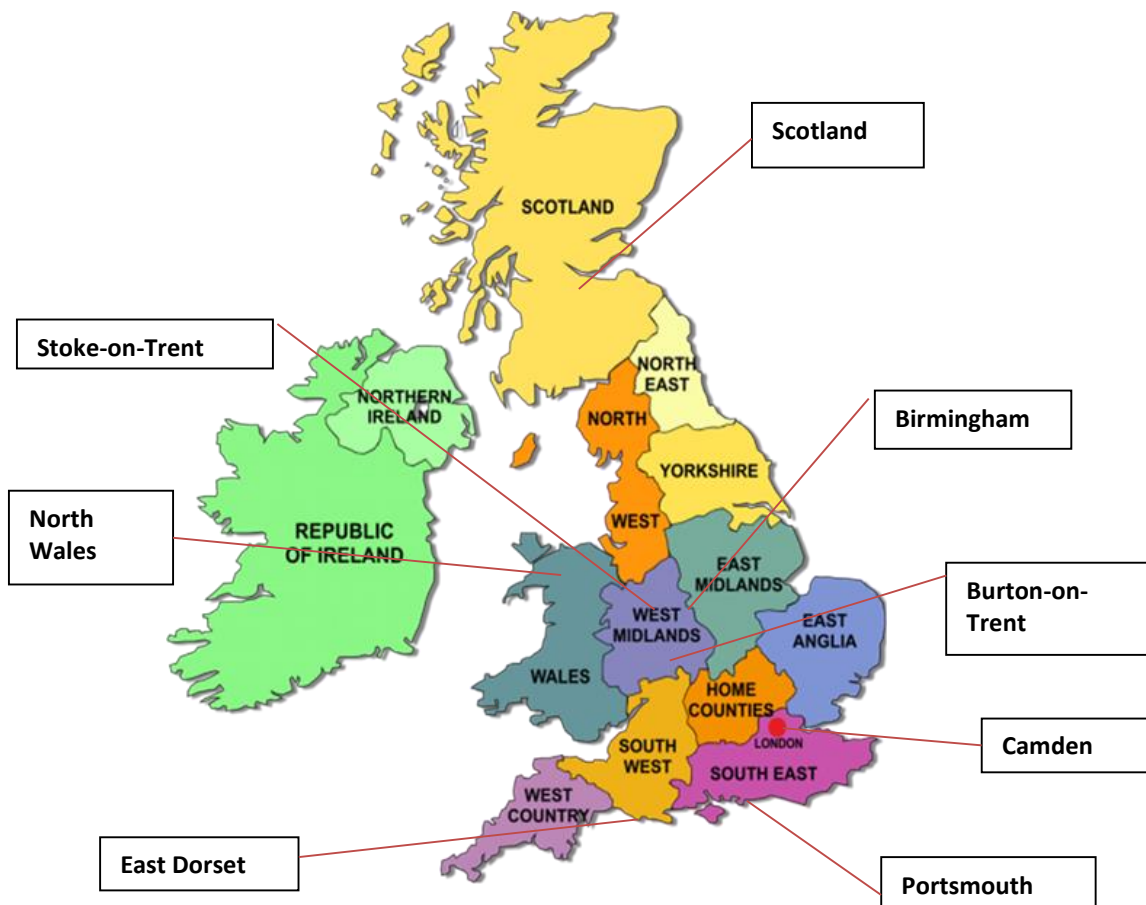
The History of the ARMA Networks

ARMA Networks were established in 2005 as a result of funding from the Department of Health. Across the UK, these networks bring together patients and patient groups, clinicians and allied health professionals to work towards improving service provision on a local level.

These groups work locally to:

- Monitor local service provision.
- Identify and campaign on local service issues.
- Raise local awareness and knowledge of the conditions.
- Provide a shared forum for service users, providers and planners.

A core aim for ARMA is to foster co-operation, understanding and mutual support between individuals and organisations. There are 8 ARMA networks in operation (2016) shown below and one in development:

Network	Convenor	Email
Birmingham	John Wright	john.wright617@btinternet.com
Burton on Trent	Allison Dean	allisondouglas13@aol.com
Camden	Jessica Manson	jessica.manson@uclh.nhs.uk
East Dorset	Gerrish Gray	gerrish@dorsetlupus.org.uk
North Wales	Chris Sweetnam	bcsweetnam@hotmail.co.uk
Portsmouth	Colin Beevor	colin.beevor@porthosp.nhs.uk
Scotland	Angela Donaldson-Bruce	AngelaD@arthritiscare.org.uk
Stoke-on-Trent	Geoff Lawton	Geoffrey.Lawton@uhns.nhs.uk
South Wales (in development)	David Byfield	david.byfield@southwales.ac.uk

Setting-up your Network

Recruitment of members: in order to set up a group you need to get out there and talk to patients and support groups that come under ARMA - that is the key to success. Make sure there is a strong representation from people who have an MSK condition or if they cannot be physically present make sure there are good lines of communication in order to express views.

Selecting the Convenor: this role is generally adopted by the first person looking to establish the group, however can be adopted by someone else in the group. Once elected the Convenor should follow the ARMA Terms of Reference.

Understanding the group's expertise: An audit of 'Skills and Experience' of individual members should be undertaken. This will ensure that the convenor is aware of individual's expertise and can recruit based on any gaps.

Meeting location: The meetings can take place in any venue that is accessible to attendees. We recommend utilising health premises if on offer; they may be very useful in the long term and might have video conferencing facilities. Also, make sure you consider parking, particularly if somebody in the group has a disability.

First meeting: The group should agree the geographical area it will cover. It should undertake a 'Mapping Exercise' to determine which other people to invite on to the group. It should also have an informal 'brainstorming' session with an independent facilitator to identify local issues - start with the ones that may be easily solved or involves the entire group working together. Take time out to agree easy actions in order to get the group working together. Draw up a list of Members for the circulation list. Draw up a list of interested parties to whom Minutes and accompanying documents can be circulated to.

Funding: Determine how the group will fund itself and what resources may be available.

Key Points

- Do not try and do too much, new members may not wish to commit to much time until they are more experienced.

- Keep things simple; don't over complicate things - it's a straightforward support group.

- Any new groups should be able to speak to any group convenor for advice.

- The group should be motivated. Everyone must be committed to contribute in one way or another.

- All members should agree to support each other in a way which is most comfortable and productive. Everybody is equal.

- MP's are often very useful contacts to nurture.

- Do not let one person take on all the work.

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ARMA Networks – Terms of Reference

1. Purpose

The [defined area] Arthritis and Musculoskeletal Alliance Network Group is an umbrella body consisting of Arthritis and Musculoskeletal Alliance (ARMA) organisation members and invited parties whose primary function is to act as a collective voice for the arthritis and musculoskeletal community across [defined area].

2. Objectives
   a) Raise awareness of the need for high quality services for those people with arthritis and other musculoskeletal conditions.
   b) Provide a forum for the exchange of ideas and information between service user members, member organisations and service providers.
   c) Monitor local service provision and make recommendations for improvement based on members' evidence, experience and expertise. Identify and campaign on local service issues using the ARMA Standards of Care and other policy initiatives.
   d) Contribute towards ARMA's Standards of Care documents and any other relevant health policy initiatives.
   e) Encourage local involvement in the wider activities of the ARMA UK, such as producing local responses to ARMA's public consultations.
   f) Bring about sustainable improvements to services for people with musculoskeletal conditions living in [defined area] through the engagement of relevant stakeholders in the community, encouraging constructive partnership and effective public and patient involvement.
   g) Promote understanding of how patients may manage their conditions and on service improvement and development.

3. Factors for success
The success of an ARMA Network may depend on the following:
   a) Building an appropriate and representative membership profile
   b) Identifying and working together on common ground issues
   c) Working on a structured programme based on shared and agreed goals
   d) Focusing objectives and priorities on issues where tangible positive outcomes can be achieved
   e) Building effective relationships with relevant local decision makers, in particular service development
   f) Having transparent decision-making and policy-making mechanisms

4. Membership of the ARMA Network Group

It is vital that the ARMA Network Group reflect the principles of diversity and balance between user and professional interests and organisations, which ARMA UK embodies. It is important that the organisations fulfil key responsibilities to ARMA and its [defined area] members therefore:-

   a) All ARMA UK member organisations should be given the opportunity to become involved with the [defined area] Network Group, and asked to nominate a representative and deputy/ies. The deputy will support the nominated member should they not be able to attend. A carer may support the member to attend.

   b) Where an ARMA UK member organisation has more than one local group operating within [defined area] then the groups must agree on one member to represent all the groups (one member per organisation; not one member per group).

   c) The 'individual ARMA Umbrella Organisations' will endeavour to facilitate good communication networks across their groups and membership within [defined area] to ensure, through their individual nominated representatives on the ARMA Network group, that members' views are effectively articulated.

   d) Where there is no representative nominated by the UK organisation, the convenors may identify and nominate a representative, but the UK organisations should be notified, and the local representative encouraged to set-up communication links with them.

   e) Individuals may be invited to attend at the discretion of the convenors or at the request of the group.

5. Meetings and procedures

   a) It is envisaged that ARMA Network Group meetings should take place at least 3 to 4 times a year.

   b) A convenor should be elected at the first meeting. Ideally two convenors should be appointed; one from the service user community and one from the health professional community.

   c) The convenors shall be elected annually.

   d) The Chairperson should ideally be a service user and a convenor.

   e) The membership should be prepared to help support its convenors with administrative duties as required.

   f) The ARMA Network Group should periodically report its plans, proposals, decisions and outcomes to the ARMA UK.

6. Support from ARMA UK

ARMA UK values its Network groups and the voluntary contributions of people working at a local level. ARMA UK will:

   a) Provide in-principle support to the organisational development of the Network Groups through the provision of advice and information.

   b) Keep Network Groups abreast of key UK policy issues, and inviting Network Group reps to take part in ARMA's events and meetings where appropriate.

   c) Create opportunities for Network Groups to meet and share good practice.

7. Requirements on the Network Group
   a) The ARMA Network Group will not be separate legal entity and should operate within the framework of ARMA UK's policies. These include policies on topical health issues (such as access to treatments), and also operational policies, such as ARMA's Equal Opportunities policy.
   b) Where the ARMA Network Group develops its own policy on an issue pertinent only to its network area, the convenors should consult their membership, allowing sufficient time for response; all policy statements must be approved by ARMA UK.
   c) Where the Network group identifies key issues affecting it locally on which it wishes to campaign these should be consistent with ARMA UK policy.
   d) Where publicity and campaigning activity is planned (especially using the ARMA logo) publicity or press materials must be approved by ARMA UK.

8. Use of ARMA logo
An ARMA Network logo will be available for use with the name of the Network Group appearing below it. N.B. Where the logo is used in publicity/press materials or reports, approval must be sought from ARMA UK.

9. Funding and fundraising
   a) The ARMA Networks should not fundraise. It may utilise ARMA UK approved systems for procuring funding sources which will be used solely by the [defined area] Network.
   b) Out-of-pocket expenses can be paid for network members attending meetings and priority should be given to covering the expenses of representatives from patient/service user groups.
   c) Full records should be kept of any transactions, and a financial report made at the end of each year in accordance with ARMA's audit requirements.
   d) Where funding is available for projects within an individual network area, the [defined area] Network will work with ARMA UK to secure funding; appropriate management charges may be apportioned to ARMA UK.
   e) Where funding is obtained for projects, ARMA UK and the [defined area] Network Group will establish appropriate accounting procedures. The [defined area] Network Group will hold the power

ARMA Networks: Audit of Skills and Experience

We would be grateful if you could complete the questionnaire below and email to your Network Convenor.

1.   ABOUT YOURSELF

Name:

Current professional role(s):

a) Experience of living with a musculoskeletal condition (please tick)

☐Yourself

☐In your family

☐Professionally

b) Experience of living with a disability   (please tick)

☐Yes

☐No

c)   If you are a health professional, please describe your area of your specialist knowledge/experience

d) Please describe below any previous experience of ARMA or an ARMA member organisation that you have had.

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e) Are there any areas of the Network that you have a particular interest in or would like to be involved in?

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2.   AREAS OF SPECIALIST KNOWLEDGE/EXPERIENCE

Please tick your areas of specialist knowledge/experience, according to degree of knowledge/experience

	Some experience	Significant experience
Finance		
Advocacy and Influencing		
Education/training/learning		
Fundraising/ Marketing/ business development		
Human resources		
Legal (please specify)		
Public relations and communications		
The voluntary sector		
Social Care		

Welfare (disability benefits) and/or work retention		
Networks/alliance		
Project/change management		
Other (please specify)		

If you do not have any of the above attributes do you have any 'life skills' and experiences that would be an asset to the group in its work? Please list.

4.   **MANAGERIAL EXPERIENCE**

Please rate your areas of managerial experience in the table below.

	Under a year	1-4 years	Over 4 years
Planning, monitoring, evaluation			
Budget control			
Recruitment & selection			
Other (please specify)			

5. **ADDITIONAL SKILLS AND EXPERIENCE**

a) Please describe any other relevant skills or experience not covered above.

b) Do you feel that you would benefit from training or development in any particular area, if available?

Date:

Please return this form to your Network Convenor ……………………………………………………….

Thank you for your time.