ELECTRIC BLUE LIGHT TRI-SERVICE RESPONSE.

Electric-only powered vehicles are perfect for known distance journeys, however, the Emergency Services must plan for the unknown. The BMW i3 94Ah AC REx provides the environmental advantages of an electric vehicle but with the added resilience of a Range Extender engine to cover unplanned circumstances.

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- 0370 505 0144
- www.bmwgroup-gaad.com
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BMW Group – Government & Authorities Division
Summit ONE, Summit Avenue Farnborough, Hampshire GU14 0FB

Official fuel economy figures for the BMW i3 with Range Extender: 47.0 mpg (0.6 ltr/100km), CO2 emissions 12g/km, total average energy consumption per 62 miles/100km (weighted combined cycle) 11.3kWh. Range without use of Range Extender: 150 miles (weighted combined cycle). Customer orientated total range (using Range Extender): up to 206 miles. Figures are based on provisional data and may be subject to change. Figures may vary depending on different factors including but not limited to individual driving style, climatic condition, route characteristics and pre-conditioning. The BMW i3 is an electric vehicle that requires mains electricity for charging.
You open our latest edition as the Association enters a very busy time of the year. Dominating the landscape is the AAA’s Annual Conference and Awards but there are also the Association’s two preferred exhibitions, Helitech and The Emergency Services Show, and also moving to the Autumn this year is the annual All Party Parliamentary Group for Air Ambulances Reception in the Houses of Parliament. As this magazine goes to print, we’ve just had National Air Ambulance Week and the AAA Members’ Forum.

On page 6 you will find the latest news on the Conference, while on page 7 you will find the announcement of the shortlisted nominations for the Air Ambulance Awards of Excellence. The Awards continue to increase in popularity, prestige and the quality of the entries and I can’t wait to be at our new venue on 13 November for what is set to be the highlight of the year.

While all these major events are going on, the rest of the Association’s work continues behind the scenes. This issue, we look at the Emergency Air Response committee’s work, which the AAA has been contributing to for some time. We also take some views on how the different emergency air services work together and where they could improve. See pages 12-13.

Our cover story on pre-hospital care and the changing face of trauma (pages 9-10) is by Dr Gareth Davies, who is always worth reading and this article is no exception. Pre-hospital care is changing and the sector must change with it. Gareth calls for boldness, ambition and innovation - but only if we also remember the basics and our human touch.

We carry our usual pages of news, which give an insight into the AAA’s daily work, as well as looking in a little more detail at a momentous change in the way ambulances are tasked and how performance is measured. A huge 18-month trial - the Ambulance Response Programme - has just concluded and now the Programme is set to be rolled out nationwide. See page 5 for more details.

I hope to see many of you at the Conference and Awards in November. The conference promises to be excellent, with some high quality speakers confirmed, while our popular Awards hosts of Sophie Long and Rav Wilding are sure to bring us another outstanding Awards evening. I’ll bring you all the news from these events, and much more, in the December issue.
APPGAA RECONVENED, KEY ISSUES ON THE AGENDA

Following the General Election, the All Party Parliamentary Group for Air Ambulances (APPGAA) has now been reconstituted and has had its first meeting. Before the election, the APPGAA had been making good progress and was instrumental in pressing for a solution to the issue of carrying media personnel on board aircraft - an issue that has now been resolved.

Other issues remain ongoing, including Flight Time Limitations, the replacement of the Airwave radio system, and the inconsistency of helicopter landing facilities to access specialist treatment centres. By having these critical issues, and many more, on the APPGAA’S agenda, it means the Group can work closely with key influencers to deliver solutions that ultimately raise the quality of care for patients.

Jim Fitzpatrick, MP for Poplar and Limehouse, has again agreed to Chair the APPGAA and will host the popular annual APPGAA Reception at the Houses of Parliament on 31 October 2017. The Association will provide Jim with all the support he needs as he leads the APPGAA during these challenging times in Westminster, where party politics and Brexit are creating a less than stable political environment in which to try and get things done.

The current Key Issues document can be found on the AAA website http://www.aoaa.co.uk/appgaa/key-issues/. Members will shortly be asked for their own priorities for the sector in order to keep this document up to date, relevant and focused on effecting real positive change in the sector.

AAA ON TOUR

Following last year’s decision by the AAA Board to place a strategic focus on the two most pertinent exhibitions in the calendar, this year the Association again concentrated on the same two major shows as it continues to raise awareness and further develop relationships in the sector. The AAA had a significant presence at: Helitech (Excel, London, 3-5 October) and the Emergency Services Show (NEC, Birmingham, 20-21 September) where they engaged with members and other stakeholders.

Helitech International is the largest helicopter exhibition in Europe dedicated to helicopter products, parts, accessories and services. The show brings together leading manufacturers, suppliers, buyers and engineers in the industry. Organisers expect around 4,000 visitors. The event had a strong conference programme, at which Clive Dickin, AAA’s National Director, was speaking. Interestingly, in light of the last Airway edition’s article on external accreditation, CAMTS EU ran a number of workshops at Helitech.

The Emergency Services Show does what the name suggests it should, providing a show dedicated to all things related to all emergency services. This focused event is popular with all services, not only for the exhibition but also for the full programme of seminars addressing the latest issues and sharing the latest best practice news. Once again, National Director Clive Dickin represented AAA in the seminars, which also included North West Air Ambulance’s Mark Evans.

The Association believes these two events give it to the most prominent platforms to convey its messages and engage with the whole sector. AAA welcomed a number of members into the HEMS Village area at both exhibitions, where they were able to interact with the sector and speak with peers from across Europe about issues that affect HEMS services.

www.aoaa.org.uk

Midlands Air Ambulance gets stuck in a pie

NAAW PLANS ARE PIE IN THE SKY

As Airway goes to press, air ambulance charities across the UK are once again coming together to celebrate National Air Ambulance Week (NAAW). Not only is NAAW an opportunity for individual charities to put a special focus on fundraising for the week but also since the creation of the Association of Air Ambulances Charity in late 2015, NAAW has been increasingly valuable as a vehicle for corporate partners to support all air ambulance charities across the UK.

Jim Fitzpatrick MP, Chair of the All Party Parliamentary Group for Air Ambulances, said: “The number of incidents where the skills of the crews are needed is increasing, and the types of care needed are becoming more complex as our population ages and we stay more active in to later life. I am delighted to help promote National Air Ambulance Week in 2017 with all of my colleagues.”

During NAAW this year, the AAA is encouraging members to run with a Pie in the Sky campaign, designed to engage members of the public, especially through social media. The initiative involves members of the public posting a video to Facebook, Twitter or YouTube of themselves taking a ‘pie in the face’, pledging a donation and nominating three others to do the same. A TextGiving code has been set up in support of the campaign: PIES21 £2 to 70070

Is your timeline full of pies?

Under this pie is the face of great air ambulance supporter, Rav Wilding.
Response Times Shake-Up

Biggest In Decades

With NHS England set to implement new ambulance standards across the country, Professor Keith Willet, Medical Director for Acute Care at NHS England, has called this "probably the most important change in the way we're asking ambulance services to work for their patients in the last several decades."

He adds that ambulance trusts were previously "all chasing an eight minute target and many of the patients who have that target really don't benefit from it; clinically only 6% of patients who have an eight minute response benefit and frequently the response they get is inappropriate." The new standards, however, are a "clinically designed solution, have been comprehensively tested, and we know on a 14 million call study that it's safe."

Following an 18-month trial - the largest clinical ambulance trial in the world - the excellent results of the new system have impressed the Secretary of State for Health, who has authorised NHS England to implement the recommendations across all ambulance services in England.

The changes focus on making sure the best, highest quality and most appropriate response is provided for each patient first time.

Historically, ambulance services are allowed up to 60 seconds from receiving a call to sending a vehicle: this wasn’t long enough. So from now on, call handlers will be given more time to assess 999 calls that are not immediately life-threatening, which will enable them to identify patients’ needs better and send the most appropriate response.

Ambulance services are measured on the time it takes from receiving a 999 call to a vehicle arriving at the patient’s location. Currently, life-threatening and emergency calls should be responded to in eight minutes. Statistics reveal that most patients do not need this level of response.

In future there will be four categories of call:

- **Category 1:** Calls from people with life-threatening illnesses or injuries
- **Category 2:** Emergency calls
- **Category 3:** Urgent calls
- **Category 4:** Less urgent calls

Under the new system, early recognition of life-threatening conditions, particularly cardiac arrest, will increase. A new set of pre-triage questions identifies those patients in need of the fastest response. For a stroke patient this means that the ambulance service will be able to send an ambulance to convey them to hospital, when previously a motorbike or rapid response vehicle would ‘stop the clock‘ but could not transport them to A&E. From now on stroke patients will get to hospital or a specialist stroke unit quicker because the most appropriate vehicle can be sent first time.

Anthony Marsh, Chief Executive of West Midlands Ambulance Service NHS Trust, which was part of the trial, says: "The changes focus on making sure the best, most appropriate response is provided for each patient first time. Since introducing these changes, our ambulances are now reaching stroke patients a minute quicker than before, helping them get to hospital and receive vital treatment as rapidly as possible. Response times fell across all of our response categories during our involvement in the trial, and we have no doubt that implementing these changes has significantly improved the service we can offer our patients."

Dr Andy Smith, Executive Medical Director, South Western Ambulance Service Foundation Trust (SWASFT), which was also part of the trial, says: "We welcome today’s announcement, particularly the benefits this brings for patients. With growing demands and a finite number of ambulances we will always prioritise time-critical, life-threatening incidents such as cardiac arrests. And these new standards also bring benefits to other patients such as those following a heart attack or stroke."

"We have recently completed a rota review of staff and vehicles to support the delivery of ARP which means we now have the right vehicles in the right places at the right time. This means the most time-critical life-threatening incidents get the fastest response, and other 999 incidents get the right response, first time."

Since SWASFT started the trial more than a year ago it has seen improvements in productivity and efficiency with fewer vehicles being sent, on average, to each incident, freeing up resources to attend more patients.

**With the rollout of the Ambulance Response Programme, the four new categories of call will be:**

- **Category 1:** for calls about people with life-threatening illnesses and injuries. These will be responded to in an average time of seven minutes.
- **Category 2:** for emergency calls. These will be responded to in an average time of 18 minutes.
- **Category 3:** for urgent calls. In some instances patients may be treated by ambulance staff in their own home. These types of calls will be responded to at least nine out of 10 times within 120 minutes.
- **Category 4:** for less urgent calls. In some instances patients may be given advice over the phone or referred to another service such as a GP or pharmacist. These calls will be responded to at least 9 out of 10 times within 180 minutes.
NEWS

CONFERENCE 2017: Excellence Guaranteed

The Association has some outstanding speakers lined up to speak at the AAA National Conference 2017, including key figures from the charity, operational and clinical elements of the air ambulance sector.

This Conference, the first in its new, larger home of the Millennium Chelsea Harbour Hotel, will see speakers take to the stage to deliver presentations on the four topics of: Sharing Best Practice, Technological Advances, Performance Excellence, and Under The Surface.

The keynote address will be made by Miles Scott, Improvement Director, NHS Improvement. NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care. The organisation offers support to enable these providers to give patients consistently safe, high quality, compassionate care within local health systems that are financially sustainable. By holding providers to account and, where necessary, intervening, NHS Improvement aims to help the NHS to meet its short-term challenges and secure its future. Miles Scott was formerly Chief Executive of St George’s University Hospitals NHS Foundation Trust, London.

Another speaker is Stephen Dunmore, Chief Executive of the Fundraising Regulator - a body that has been much cause for discussion within air ambulance charities and at last year’s Conference. Appointed in 2015 and previously Chief Executive of the New Opportunities Fund and the Big Lottery Fund, Stephen is a highly experienced and knowledgeable speaker. The Fundraising Regulator regulates fundraising in England, Wales and Northern Ireland. It sets and maintains the standards for charitable fundraising and aims to ensure that fundraising is respectful, open, honest and accountable to the public.

Also speaking is Robert Morton, Chief Executive of East of England Ambulance Service. Robert began his ambulance career almost 25 years ago at the National Ambulance Service in Ireland, where he worked his way from the frontline to become Chief Executive; he then became the CEO of the South Australian Ambulance Service before heading back across the globe to join EEAST. Robert is an HCPC registered paramedic and volunteers as a community first responder when back in Ireland. He also leads the Quality, Governance and Risk workstream for the Association of Ambulance Chief Executives (AACE).

A familiar face to many - not least those present at the Air Ambulance Awards of Excellence last year - is Alastair Wilson. Alastair initiated London’s Air Ambulance 27 years ago and is currently working with East Anglian Air Ambulance and teaching trauma medicine at the Royal London Hospital. There can be few people who know more about air ambulance operations than Alastair. He will be speaking on the importance and impact of Patient Data Collection.

Further expert speakers are being added all the time so keep an eye on the AAA website for the latest news.

The Conference is on Monday 13 November at the new, larger venue of the Millennium Chelsea Harbour Hotel. This means the Conference will be comfortable and spacious for delegates and there will also be a dedicated space for networking and a high quality exhibition area. Go to http://www.aoaa.org.uk/event/40/ for more information and to book.

Corporate charity partners work wonders

The Association of Air Ambulances Charity (AAAC) has, in two and a half years, raised over £6 million to support air ambulance charities throughout the UK. This incredible figure is in no small part down to the incredibly committed corporate partners the Charity has been fortunate enough to work with.

Allianz have thrown themselves into the two-year corporate partnership to the extent that they have now raised over £500,000 for the AAAC - all of which is distributed to the UK’s air ambulance charities. Allianz’s latest challenges include the Three Peaks Challenge, which raised over £8,000, and the Thames Bridges Challenge, which took place as Airway goes to press.

Roadchef have been another outstanding corporate partner. They have been continuing to raise funds at their sites all summer and also recently raised over £8,000 walking the length of Hadrian’s Wall in two days.

The AAAC has also recently welcomed Foresters Friendly Society as a major corporate partner in an agreement ongoing until July 2018. All partners are very keen to get involved with Pie in the Sky challenge, part of National Air Ambulance Week (see page 4 for more details).
AWARDS OF EXCELLENCE SHORTLISTS ANNOUNCED

With the much-anticipated annual Air Ambulance Awards of Excellence just around the corner, Airway here reveals all the shortlisted nominees for the 2017 event. The winners will be announced by BBC News broadcaster Sophie Long and Helicopter Heroes presenter Rav Wilding at the awards ceremony to be held on 13 November at the Millennium Chelsea Harbour Hotel, London.

The independent judging panel met and considered all entries made across the eleven categories. Jim Fitzpatrick MP, Chair of the Judging Panel, commented: “It’s easy to run out of superlatives when discussing the nominations for the Air Ambulance Awards of Excellence. My fellow judges and I had the privilege of reading about some truly extraordinary people for whom excellence comes as standard. Reading about some of the incidents that air ambulance services have been involved in over the past year has been astonishing and humbling. It is always hard to whittle down the entries but after some considerable agonising, we now have our shortlists. Best of luck to all those shortlisted and congratulations to all who entered.”

After lengthy deliberation and discussion, the panel shortlisted the following stars of our industry.

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<tr>
<th>Category</th>
<th>Sponsor</th>
<th>Nominees</th>
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<td>Outstanding Young Person Award</td>
<td>Babcock MCS Onshore</td>
<td>Zac Augurde, East Anglian Air Ambulance</td>
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<td>Josh Bright, Magpas</td>
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<td>Charity Staff Member of the Year</td>
<td>TBC</td>
<td>Nikki Bolt, Devon Air Ambulance Trust</td>
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<td>Frank Chege, London’s Air Ambulance</td>
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<td>Air Ambulance Paramedic of the Year</td>
<td>BMW Government and Authorities Division</td>
<td>Rod Wells, East Anglian Air Ambulance</td>
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<td>Adam Carr, Essex &amp; Herts Air Ambulance Trust</td>
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<td>Bill Leaning, London’s Air Ambulance</td>
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<td>Air Ambulance Doctor of the Year</td>
<td>Leonardo Helicopters</td>
<td>Tony Joy, London’s Air Ambulance</td>
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<td>Syed Masud, Thames Valley Air Ambulance</td>
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<td>Air Ambulance Pilot of the Year</td>
<td>Safran UK</td>
<td>Neil Airey, North West Air Ambulance</td>
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<td>John Stupart, Scotland’s Charity Air Ambulance</td>
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<td>Grant Elgar, Wales Air Ambulance</td>
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<td>Air Ambulance Campaign of the Year</td>
<td>Lottery Fundraising Services</td>
<td>Dorset &amp; Somerset Air Ambulance - Outreach</td>
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<td>Midlands Air Ambulance Charity - Air25</td>
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<td>Lincs &amp; Notts Air Ambulance - Bigger Faster Greater</td>
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<td>Charity Volunteer of the Year</td>
<td>Tower Lotteries</td>
<td>Ann Squires, East Anglian Air Ambulance</td>
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<td>Sue Akers, Essex &amp; Herts Air Ambulance</td>
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<td>Dianne Leggett, Essex &amp; Herts Air Ambulance Trust</td>
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<td>Jill &amp; Don McLaren, Lincs &amp; Notts Air Ambulance</td>
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<td>Special Incident Award</td>
<td>Airbus Helicopters</td>
<td>London’s Air Ambulance - London Bridge</td>
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<td>Scotland’s Charity Air Ambulance - Forestry Worker</td>
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<td>Wales Air Ambulance - Thoracotomy</td>
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<td>Lifetime Achievement Award</td>
<td>Specialist Aviation Services</td>
<td>Winner to be announced on 13 November.</td>
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<td>Innovation of the Year</td>
<td>Sloane Helicopters</td>
<td>East Anglian Air Ambulance - Travel Documents</td>
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<td>Essex &amp; Herts Air Ambulance Trust - Minds Matter</td>
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<td>Hampshire &amp; Isle of Wight Air Ambulance - Simulation Suite</td>
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<td>Air Operations Support Staff Member of the Year</td>
<td>Allianz</td>
<td>Tim Brook, East Anglian Air Ambulance</td>
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<td>John Power, London’s Air Ambulance</td>
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<td>Huw Joyce, Lincs &amp; Notts Air Ambulance</td>
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The Awards ceremony is a wonderful evening and has been a sell-out for the last two years, so if you would like to attend, go to http://www.aoaa.co.uk/aaaee or call 01564 339959 as soon as possible.
New aircraft for GWAAC

Great Western Air Ambulance Charity (GWAAC) has received its new EC135 T2+ helicopter, which can hold more fuel and heavier loads than the previous iteration, thereby enabling a longer flying time - an additional 45 minutes - and more equipment to be carried if needed.

In addition to the new helicopter, five new members have also joined the GWAAC team, including CEO Anna Perry, Critical Care Paramedics Dee Gordon, Jack Kilminster and Mark Kinsella, and Andrew Holstock who is a new full time Pre Hospital Emergency Medicine Doctor.

Anna Perry’s appointment comes after the founding CEO of GWAAC retired after nine years with the charity. John Christensen helped to set up the charity in 2008.

Speaking of the charity’s new helicopter, Anna Perry said: “The distance that the crew travel for jobs has been steadily increasing since we started operating in 2008. We are delighted to have received our new helicopter, as it means that we can now deliver our life saving emergency care to people across a much wider area, helping a larger community than ever before.”

New member of the team in Scotland

Scotland’s Charity Air Ambulance (SCAA) has welcomed a new member to the team – an eight-foot paramedic mascot. The mascot wears similar kit to SCAA’s pool of six paramedics who crew the air ambulance along with two pilots.

The foam character, which is sponsored by personal injury solicitors Waterman’s, will allow SCAA to promote the charity-funded air ambulance at events and public gatherings.

SCAA Chief Executive David Craig said, “While our frontline paramedics are out and about on their vital life-saving missions around the country, we now have an ever-ready stand-in who can help promote SCAA at events and activities throughout Scotland.”

An online competition to name the mascot is being run during National Air Ambulance Week.

EMAS set to charge

East Midlands Ambulance Service (EMAS) has announced the trial of its first electric fast response vehicle (FRV). An electric BMW i3 has been delivered to Beechdale Ambulance Station to see if an electric FRV could be a permanent edition to the EMAS fleet. The car will be based at Beechdale and a charging point has also been installed at Jubilee House in Arnold thanks to support from Gedling Borough Council.

Steve Farnsworth, EMAS Fleet General Manager, said: “This is exciting new technology for us which could eventually lead to us moving to a greener fleet, but we want to make sure it will work for us and help us provide the right care for our patients. The vehicle is quick off the mark and will be a nippy resource around the city centre.”

The vehicle can do up to 113 miles before needing to be recharged, although it also has a petrol tank which extends the range to 206 miles. It will mainly respond to life threatening calls in and around the city centre.

Hero next door

North West Ambulance Service (NWAS) is on the look-out for heroes all across the North West to join a life-saving team of community first responders (CFRs) and become the ‘Hero Next Door.’

NWAS says that CFRs are ordinary people who do extraordinary things as volunteers for the ambulance service. David McNally, Community Resuscitation Manager for NWAS, said: “We rely on our community first responders to not only help us save lives but also to just be there for our patients and be a reassuring face. Sometimes it’s the smallest things that make the biggest difference. The idea of the Hero Next Door campaign is to let people know that volunteers can go about their everyday lives and have no other connection to healthcare but still find time to be a hero.”

A new social media campaign was launched at the end of August using the hashtag #HeroNextDoor.

News in Brief

Celebrating 20 years

Essex & Herts Air Ambulance Trust (EHAA) has celebrated 20 years of saving lives with the anniversary of the creation of Essex Air Ambulance. A celebration event at Audley End House & Gardens saw over 3,000 of the Charity’s supporters enjoying the family fun day.

Kindred spirits

After a staff vote, Cornwall Airport Newquay has chosen Cornwall Air Ambulance Trust (CAAT) as its charity of the year. Jackie Southon, CAAT’s Head of Income Generation, said: “Both organisations have worked closely together for many years due to the fact Cornwall Air Ambulance headquarters is located at the end of the airport’s runway. This is also an opportunity to reach visitors to the county who use the airport but who may not have supported the charity in the past.”

Helipad at Aintree

A new £1m helicopter landing pad at Aintree University Hospital in Liverpool is now operational following an inaugural test flight by the North West Air Ambulance. The helipad should save vital minutes when transferring trauma patients from the air ambulance into the hospital, which is part of the regional major trauma centre.

Name that helicopter

Dorset and Somerset Air Ambulance (DSAA) has announced a competition to find a name for its new AW169 helicopter. The selected name will be displayed upon the aircraft for all to see, for years to come. A panel of judges will decide on the winning name when they meet on 24 October 2017.

Do you have any news you’d like to share in Airway?

Then email airway@aoaa.org.uk to be considered for the next issue.
Dr Gareth Davies looks at the changing nature of pre-hospital care, what changes we ought to be considering now and what changes are on the distant horizon. Gareth calls upon those in the sector to lead the way, to be ambitious, bold and persistent.

Trauma used to be the preserve of the young, now it’s a disease of the old. We’re living longer, staying active longer and we must make sure our medicine fits this demographic shift. We have different problems coming to the fore: for example, many of our patients are now on blood-thinning drugs so we need to carry kit on the helicopter to measure blood clotting and deal with whatever we find. There’s nothing new in this, nothing hi-tech - the machines and drugs we need are well known - it’s just that the people we treat have changed. Older people tend to respond differently to younger people across a range of medical and trauma scenarios, they fracture more easily, the feel pain differently and dealing with an older person going into shock requires different tools and understanding.

With studies suggesting that the Major Trauma population in the UK is still becoming increasingly elderly and with the predominant mechanism that predicts Major Trauma being a fall from under two metres (replacing RTAs at the top of the pile), we must do more to target the specific needs of the elderly in Major Trauma Centres in order to deliver significant improvements in outcomes.

Obviously, this demographic shift has an impact on the work of air ambulances, who take the clinical expertise to the patient. Before I look at the situation in more detail, though, a word of warning. Although we work in a hi-tech environment, both in terms of medicine and aviation, the basics will always be the most pivotal element of providing good pre-hospital care.

If ambulance crews arriving on scene first don’t do their bit right, there’s no point sending a £5m helicopter to do their thing. Indeed, all the people on the ground who may get involved in an incident - the public, the police, the fire brigade, first responders - must play their part otherwise our HEMS input will be compromised. Similarly, we should never lose any of our compassion and humanity amidst all this technology. Ask them when they’re recovered and patients will tell you they remember the touch, the reassurance, the being told ‘You won’t die’; they don’t remember for a moment the technology, the drugs and so on. All the latest drugs, techniques and procedures are important but so is simply doing the basics well. We mustn’t lose the human touch.

In with the new

Having said all that, we do need to keep moving forward, especially in response to changing circumstances. Shock, for example: historically we’ve given blood and blood products to treat the shocked, bleeding patient. In future, there might be drugs to prevent the negative effects of shock. We need to be there and involved in these developments.

In Cardiac arrest, VF is decreasing and PEA / Asystole is increasing so the quick win is gone and the challenge is becoming more complex. This has a massive impact on
what therapy we should be using and there is important research to be done in this area.

Then there’s Stroke. In Saarland University Hospital, Germany some land ambulances are equipped with CT scanner and lab. These ambulances are tasked to stroke calls with their three crew: Driver, Neurologist and Neuro-radiologist. The Norwegian air ambulance is planning an aircraft with a CT scanner. Is it time for UK HEMS to look at this?

We need to look seriously, too, at Emergency Preservation and Resuscitation - or Suspended Animation, where the body is supercooled to 10-14 degrees Celsius to near metabolic arrest, surgically operated on then rewarmed and reanimated. There are trials going on and we need to be at the sharp end.

There is ECMO (ExtraCorporal Membrane Oxygenation), where an artificial lung outside the body puts oxygen into the blood and continuously pumps this blood into and around the body. What could its role be in medical cardiac arrest? In traumatic cardiac arrest? In dealing with a shocked trauma patient?

We’re already doing REBOA (Resuscitative Endovascular Balloon Occlusion of the Aorta), which is a huge technical advance. How about pre-hospital neurosurgery? Emergency burr holes?

We have to be bold and try it. If we don’t try it, we won’t get better. Don’t just reflect on what you do now, reflect on what’s going on around you. ECMO is happening in small European cities, why aren’t we doing it here?

Be bolder

In a cash-strapped NHS, there are plenty of opportunities to be negative about these changes and if you look hard enough, you’ll always find a negative study. This attitude just stops the whole conversation for good. But often this is just the first generation of these studies that are throwing up mixed results and you need to have more vision. Evidence might be weak but that might be because there are so few examples and studies. Someone has to do the research! Why not you?

Research is crucial to moving our sector forward - and the AAA has a major role to play in sharing the research to all members and encouraging further research and dissemination. The air ambulance community needs to stand up and say ‘we want to be involved in these studies’. You don’t have to create the study, just take part. Or if you do want to set up a study, start with a small piece of research funded by the AAA. The Clinical Subcommittee of the Association has a small grants scheme, which is criminally underused. Contact the Association if you have an idea you want to discuss.

Research is vital for understanding the diseases we treat; we need to work out what education and training is required, to learn about rare interventions, collect data and simply to understand what it is that we are doing right to make patients better.

People these days always want a here and now answer, as much in our profession as in every other walk of life. Changing things takes years - stick with it. You’ve got to have a vision and a path. It will be bumpy but stick with it.

Remember, one bad trial doesn’t mean the idea is defunct. When Professor Frank Pantridge developed the portable defibrillator in the 1960s, studies said that it was a waste of time. Thanks to these studies writing the idea off, it took 20 years to get defibrillators on to ambulances at an estimated cost of 250,000 lives.

He may have been writing 500 years ago but Nicolo Machiavelli had it right when he wrote: “It must be considered that there is nothing more difficult to carry out nor more doubtful of success nor more dangerous to handle than to initiate a new order of things: for the reformer has enemies in all those who profit by the old order, and only lukewarm defenders in all those who would profit by the new order; this lukewarmness arising partly from the incredulity of mankind who does not truly believe in anything new until they actually have experience of it.”

It’s up to you to break the inertia. Have courage and push at boundaries. You can’t wait for definitive results for every intervention - you’ll wait forever. Go with the clinical consensus. Sometimes you have to take a risk.

Dr Gareth Davies is Medical Director of London’s Air Ambulance and Consultant in Emergency Medicine, Pre-hospital Care & Emergency Preparedness with Barts Health NHS Trust. He is chair of the AAA Clinical Subcommittee.
Association of Air Ambulances

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LET’S WORK TOGETHER

Different aircraft, different crew, different control rooms, different procedures - but the same airspace. How do emergency air response services ensure the right aircraft get to the right people, safely and efficiently, every time?

Well, they don’t always. While communication between services is now better than it’s ever been and the vast majority of jobs go totally smoothly, there remain some challenges.

“The biggest challenge for us is the Coastguard,” says Andy Downes, Head of Clinical Operations, East Anglian Air Ambulance. “Since they were privatised, we’ve had a few jobs where we’ve both turned up and there have been occasions when we have had difficulty communicating with their aircraft.”

All parties are working hard to ensure these occasions become ever fewer and further between but it remains the case that a number of air ambulances around the country’s coast continue to face occasional challenges in working effectively alongside other services, with the result that resources can be duplicated - and therefore wasted.

SAR

Search & Rescue (SAR), in its broadest sense, is an amalgam of various separate government departments, the emergency services and a number of search and rescue charities and voluntary organisations.

In order to deliver all of these emergency services in a coordinated fashion, all the national operational organisations are represented at the UK SAR Operators Group, which sits under the auspices of the UK SAR Strategic Committee, which itself is made up of all the government departments that have a responsibility to deliver SAR in the UK. Also reporting to the UK SAR Strategic Committee is the Emergency Air Response (EAR) Committee, which is where the National Police Air Service (NPAS), Maritime & Coastguard Agency (MCA) and the AAA come together, along with a number of other critical organisations, to improve co-operation and efficiency between the emergency air services.

Dougie MacDonald, Head of Aviation Operations at the Maritime & Coastguard Agency, explains: “This Committee was born of concerns around lack of co-ordination between services, the risk of services operating out of their capability and of services operating in isolation, all of which could lead to not necessarily the best resource for the job being used. At the start of this process a number of years ago, organisations didn’t want to relinquish ground on what they felt was their remit. It was a situation crying out for communication and education - two things that did indeed come about and which continue to this day. We don’t want to think in silos. We’re there to do the best job for the casualty, taking into account the medical needs and the environment.

“One of the Committee’s focal points is the deconfliction of air assets where there is potential for a major traffic jam in the air over an incident. In the past there were three deconfliction tools, which was a nightmare. So now we have an agreed doctrine for a single tool for deconfliction.

“Control rooms are a real focus for this Committee. We need to ensure there is enough thinking time to despatch the right service and aircraft, sending them as efficiently as possible - while at the same time recognising the time pressure of despatching an ambulance.

“We want to engage with training courses run by control rooms so they understand each other better. Of course control rooms won’t need to be talking to each other every time but people need to be aware of when it might be appropriate. Dispatchers don’t need to know everything about all the control rooms but do need a sense of when a discussion is appropriate. This is especially important when you get multiple calls from the public asking for multiple services. Control rooms need to understand both the environment the casualty is in and the needs of the casualty. Do they need a doctor? Do they need to be rescued first?”

Clive Dickin, National Director of AAA, says: “Air ambulances are not SAR vehicles; SAR vehicles are not air ambulances. It is all down to effective tasking. Each agency knows how to task their own aircraft but when members of the public on the coast have a problem, some will call for an ambulance and some for the coastguard, so often both services will be
tasked - a waste and a potential danger.

“There are misunderstandings in all communities about each other so we must work together more in order to understand better. Tasking control rooms must talk to each other more, with the sole focus of improving the patient experience. I believe this must happen at a local level.”

Although interaction with the coastguard is, of course, less of an issue for those based inland, working at a local level is still paramount. Graham Chalk, Paramedic Education & Development Lead at London’s Air Ambulance, explains: “We have a very good relationship with the police and tell them routinely about every job we go on. Normally they’ll know anyway as they’ll hear it on the radio and there’s a fair chance they’ll be on the same job. If we’re in the air together, they’ll often offer to rise 500 feet to get out of our way.

“The best way of ensuring a smooth operational relationship with other services is to talk at a local level - local issues are best sorted out locally. We make a concerted effort to get to know anyone we’re likely to come into contact with, whether that’s the police or security at Buckingham Palace or air traffic control at Heathrow.

“A national despatch system covering all emergency services would certainly never work; issues must be resolved and agreements made locally.

“The trick is cross-working between control rooms locally rather than imposing a national policy that probably wouldn’t get implemented.”

Looking at possible solutions to the situation, Andy Downes adds, “It is a problem that the Coastguard are still not on Airwave. One officer covering all of Norfolk and Suffolk has a tetra radio but there are none in flight. We need a general frequency on which we could all communicate en route to jobs. We can call the police but not the Coastguard when in the air.

“We need to have better communication between parties about each other’s capabilities because although the Coastguard have primacy in an incident on the coast and rescue capabilities, we carry a Doctor and Critical Care Paramedic who can deliver advanced medical interventions on scene and we can land helicopters on beaches next to the patient. Apart from anything else, it generally takes a lot longer for the Coastguard helicopter to arrive as there are none based nearby.

“I should point out that the Coastguard on the ground continue to work with us as they always have done, often helping us secure a safe space to land and helping us find the casualty.

“The control rooms - and better communication between them - are critical here. They need to be asking, ‘What is the actual job here and what is the medical need?’ The medical need should always be the main driver.”

It is worth pointing out here that not all air ambulance services will land on the beach, so the whole situation is far from clear cut. What this does re-emphasise, though, is the need for local communication.

Dougie MacDonald adds, “You’d think that with the technology we have today, you would know where all the air assets are in the UK but that’s not the case. So we’re looking to get the tracking devices of all aircraft displayed in all control rooms so everyone can see where all assets are. NPAS, MCA and HEMS use separate systems but the same software to display that system so it is technically feasible.”

As with so many things in life, communication is the key. The EAR Committee is providing the opportunity to communicate at a strategic level, and with the sole focus on patient care and a willingness to find answers locally, solutions surely shouldn’t be so hard to find.
ASSOCIATE MEMBER SPOTLIGHT

VISION PAYS dividends for SAS

With the all-action launch of the Leonardo Helicopters AW169 just a few months ago, Specialist Aviation Services (SAS) is both reflecting on the five-year journey to this point and looking ahead to cementing the AW169’s place as the helicopter for the next generation.

SAS has been in the air ambulance business from the very beginning and prides itself on its innovative approach, which included the introduction of the MD902 into the air ambulance market, at the time a revolutionary concept and a helicopter that remains popular thanks to its performance and high levels of service reliability. Nigel Lemon, Sales Director for SAS, adds: “The air ambulance market is very forward thinking. A few years ago, we could see that something larger with new technology was going to be needed and after undertaking a review of the market, we selected the AW169. We made this choice on account of its performance, safety features and its roomy interior that gave potential for more on-board therapy and intervention.”

SAS has already prepared and delivered four 169s into service and expects to be delivering on average one helicopter every quarter for the foreseeable future. The company has already comfortably exceeded its initial sales plan which led it to place a further order for six helicopters at Helitech last year. Beyond the helicopter’s technological advances, Nigel Lemon believes SAS can provide two critical elements that will contribute to SAS’s success with the AW169 over the coming years: its medical interior and its operational support capability.

Medical Interior

While there are a number of dedicated air ambulance interior manufacturers, SAS believes its own tailor-made interiors are better suited for its end user customers. Nigel Lemon explains: “We looked at what was being proposed for the AW169 during its initial development but couldn’t really find anything that offered what our customers were looking for. So we worked very closely with them - in particular Kent, Surrey, Sussex - to develop a concept better suited to their needs. Consequently, we’ve ended up with a bright, uncluttered medical cabin with up to five seats and a longitudinal stretcher which is not only positioned to enable all-round patient access, but which also swivels and slides for easy patient loading.

“The cabin design also offers great flexibility and is fully future proofed. Medical equipment can be easily moved or changed at any time without the need for an engineer and the whole interior configuration can be swapped around to suit different mission types or changes to clinical procedures.”

In an innovative twist that addresses a common problem, oxygen bottles are stored in the stretcher base, out of the way and not taking up any usable space. These bottles can be swapped in an instant by the crew.

Operational Support

SAS began investing in the support it would provide to UK HEMS customers well over three years ago and early signs are encouraging that its latest investment in innovation will bear fruit.

“We’ve been building our support capability over the last three years and have already gained a lot of operational experience,” says Nigel Lemon. “We’ve used the time to develop the infrastructure and train the people that will make our in-service support truly outstanding.

“We looked at the spares support package originally offered by Leonardo and concluded that we would need something quite different to match our requirements. So we sat down with them and came up with an altogether better solution.

“So far, we have trained up 18 base and field engineers across the UK providing 24/7 support – and we already have 24 pilots trained on type.”

SAS also expects to take delivery of a back-up AW169 by the year end to provide extra resilience from early next year.

Nigel adds, “In addition to our air ambulance customers in the UK, we are already supporting other third-party aircraft around Europe and further afield - there just isn’t any other operator with this level of support capability for the AW169.”

SAS will have an AW169 on show at Helitech in London at the beginning of October. It will be fitted with its medical interior, and the company would be pleased to meet any AAA members wanting to learn more about the aircraft and the support SAS can provide.
Having recovered from the calling of a snap General Election, the activity levels of the Association show no sign of dropping! This is one of our busiest periods of the year, with the Conference, Awards, House of Commons Reception, Helitech, The Emergency Services Show and more.

Subcommittees
Changes to the Subcommittees agreed at this year’s AGM have now taken effect. The new Management Subcommittee, chaired by TVAA’s Chairman Sir Tim Jenner met for the first time on 6 September, taking on all financial and communications activities. The new Charity Subcommittee, Chaired by Cornwall’s CEO Paula Martin, will meet on 16 October; it will tackle the Association’s charitable issues and will represent members with authority to organisations such as the Fundraising Regulator. These two new committees replace the Communications Subcommittee.

The Operations and Clinical Subcommittees, chaired by Becky Steele and Gareth Davies respectively, continue as before but with a focus on working more closely together, including meeting on the same day where possible.

I would like to sincerely thank all former members of the Communications Subcommittee for their hard work, led by Chairs Jane Gurney and Caroline Creer. The Association’s new brand, logo and website will be launched in November - a fitting finale to complete the Subcommittee’s work.

Exhibitions
I’d like to thank all those members who attended the Emergency Services Show and Helitech, where their participation both on the AAA stand and in seminars made an important contribution on behalf of the sector. This was further proof of what a positive, professional and coordinated group of charities and ambulance services this community is.

(HEMS) Development Manager
I’ll shortly be reading through the applications in response to our recent job advertisement for a Development Manager. This clinical/operational role will be pivotal in delivering the established workstreams that are stretching the Operational and Clinical Subcommittees, and the new employee will also assist the board in enhancing the Association’s advocacy with third party stakeholders and organisations.

Ambulance Radio Programme (ESMCP)
The project held another update meeting, which I attended. A totally new team has been appointed by the civil service and a total review of the past five years work is underway, with requests for AAA members to go over the previous work and feedback. Concern has been raised by Becky Steele and myself that a recap of the previous activities, while needed for the new team, is costly to the sector and unlikely to reveal any new needs. We continue to engage with the process.

RNLI Helicopter Operators Group Meeting
I attended the annual RNLI Helicopter Operators Group Meeting and gave a short presentation on the HEMS infrastructure, tasking and typical mission profile / numbers. A number of networking outcomes presented themselves and these have been forwarded to the relevant members.

If you would like any more information on any of these issues, please contact Clive Dickin on 01564339958.

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