

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of The Lincolnshire & Nottinghamshire Air Ambulance Charitable Trust (LNAACT)

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>19 November 2014</b>
Subject:	<b>Lincolnshire &amp; Nottinghamshire Air Ambulance Charitable Trust - Air Ambulance Service</b>

**Summary:**

The report outlines the Helicopter Emergency Medical Service (HEMS) provided by The Lincolnshire & Nottinghamshire Air Ambulance Charitable Trust to the public within the designated areas of operation. The report covers the establishment and the development of the service over the past 20 years and how this is financed. The close working relationship with the East Midlands Ambulance Service (EMAS) is explained and information provided on the number and type of missions that are currently attended by the service. Recent developments are outlined and some of the future challenges identified.

**Actions Required:**

The Health Scrutiny Committee for Lincolnshire is asked to consider the report provided by Lincolnshire & Nottinghamshire Air Ambulance Charitable Trust.

## 1. Background

The Charitable Trust was established in 1993 as a result of concerns raised by a number of hospital consultants in Lincolnshire over the poor survival rates of seriously injured patients during their transportation to hospitals within the rural environment. Other Air Ambulances had been established in similar rural counties within the UK (e.g. Cornwall), where the same problems had been encountered. The Lincolnshire Air Ambulance commenced operations in May 1994, once sufficient funds had been raised to lease a suitable helicopter. Funding continued to be a problem until 1997 when the service was expanded

to also cover the whole of Nottinghamshire and became the 'Lincolnshire & Nottinghamshire Air Ambulance Charitable Trust' or LNAACT.

Based at RAF Waddington the Air Ambulance helicopter is positioned centrally in our area of operation, which totals around 3,000 square miles. The location provides secure facilities for the aircrew and helicopter and readily available support at the airbase (e.g. re-fuelling, hangar, etc.).

All tasking is handled by East Midlands Ambulance Service (EMAS) Emergency Control in Nottingham where there is a dedicated HEMS [Helicopter Emergency Medical Service] Desk for Air Ambulance provision. Specific criteria are used by 999 despatchers to determine which incidents warrant air ambulance activation. Although road traffic collisions are the largest reason for call-outs, the ability of the helicopter to land in remote areas with limited or no road access, is of vital importance where farming/riding/sporting accidents are involved, that may have resulted in spinal injuries. When it is deemed that patient injuries do not require a rapid transfer by helicopter, the aircrew will treat the patient at scene until a land ambulance arrives.

The paramedic aircrew are seconded (at no cost) by EMAS to work on the helicopter in line with the Department of Health Directive of January 2002. The charity pays for some additional administrative services provided by the crew. Doctors also form part of the aircrew, as available, and currently work on a voluntary basis with honorary contracts from EMAS. Plans are currently being developed to increase the availability of doctors on the service. The responsibility for clinical governance on the helicopter rests with EMAS and Care Quality Commission registration is managed via EMAS and the helicopter provider, Medical Aviation Services Ltd. The paramedic aircrew are given enhanced skills training for the serious trauma situations that they are likely to encounter and also have training on helicopter protocols and procedures, so that they are able to assist the pilot when necessary. The helicopter is equipped with 'state of the art' medical equipment, including the ability to defibrillate during flight.

The helicopter is currently leased from Medical Aviation Services Ltd, which provides similar craft to several other air ambulance services within the UK. The lease contract covers supply of the helicopter, pilots, insurance and maintenance. LNAACT is now on its third generation helicopter, an MD902 Explorer. This helicopter flies at up to 159 mph and can reach all areas of the operational area within a maximum of 19 minutes.

The helicopter has a 'Notar' system with no tail rotor, making the craft inherently safer and quieter than other helicopters, and able to land in areas of dense vegetation. It is equipped with skids and 'bear paws' that enables it to land in all types of terrain without sinking.

The helicopter attends around 1,000 missions per annum across the two counties. Main areas of operation are to Road Traffic Collisions (42%), Leisure/Sporting related accidents (17%), Medical Emergencies (heart attacks, strokes, etc.) (17%), Falls (7%), Industrial/Farming Accidents (3%), and other various incidents (14%) (the latter includes hospital transfers, fire incidents, aviation accidents, railway incidents, accidents involving water, etc., but these are all low percentages and vary from year to year). Just over 60% of all missions are currently carried out in Lincolnshire, with 27% in Nottinghamshire and the remaining 13% in neighbouring counties. The service operates 365 days per year, weather permitting, and a Rapid Response Vehicle is available for further back-up support.

With the establishment of the Major Trauma Centre Network within the UK, there has been a change in the final destination for many missions, with a growing emphasis on Major Trauma Centres and Primary Percutaneous Coronary Intervention centres, often with a longer transfer time, which is noted by an increase in the percentage of 'Medical Emergencies' being attended by the Air Ambulance and the number of patients actually transferred by air.

In November 2013 the charity commenced limited night-flying following a recent agreement with the Civil Aviation Authority for HEMS missions after dark. This development required significant additional investment and extensive training of aircrew and paramedics. This extension to the existing service has enabled the charity to respond to a number of serious accidents where the patients would otherwise have been transported by lengthy road journeys to hospital after dark. LNAACT is one of only three air ambulance services in the UK providing night-flying capability.

Other than the provision of paramedic cover as stated above, the entire service is funded by charitable donations, with no Government funding. Income is generated via personal donations, 14 charity shops, an in-house lottery, fundraising events, talks and presentations, recycling of second-hand goods, legacies, and some corporate funding. The charity holds reserves sufficient to cover up to two years' full operational costs (approx. £1.8M per annum) and anticipated future developments. The charity is in a sound financial position.

As the number of specialist centres grows there is a resultant need for an increase in the provision of lit helipads at hospitals, which is currently a major cause of concern. Not only are the Major Trauma Centres and Primary Percutaneous Coronary Intervention centres poorly equipped to deal with helicopter arrivals, by day or by night, but the decision taken by some NHS Trusts to close existing helipads at local hospitals (as they are not designated as an Major Trauma Centre) then deprives any seriously ill patient (in need of urgent transfer from that hospital to a specialist centre) of the ability to travel by air. The charity has provided support for the establishment of lit helipads at Tollerton Airport (for Queen's Medical Centre, Nottingham), at Boston Aeroclub (for Pilgrim Hospital), and also at Hull Royal Infirmary. Lincoln County Hospital has a helipad, with sufficient ambient light for night use, but its location still requires a secondary transfer of the patient to A&E.

## **2. Conclusion**

The Health Scrutiny Committee is asked to consider the report provided by LNAACT.

## **3. Consultation**

This is not a consultation item.

## **4. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Mr Peter Aldrick, CEO of LNAACT, who can be contacted on 01522 548469 or [p.aldrick@ambucopter.org.uk](mailto:p.aldrick@ambucopter.org.uk) .