

aaa

ISSUE 20 JUNE 2017

# airway

The magazine of the Association of Air Ambulances

**International  
standards in  
the UK**

**Professor Sir  
Keith Porter on  
the new trauma  
epidemic**

**Air Ambulance  
Northern Ireland  
launch**

## THREE OF A KIND

Three aircraft launch in one day

Preferred exhibitions  
of the AAA

 **THE EMERGENCY  
SERVICES SHOW**  
NEC | BIRMINGHAM

 **helitech  
international**  
HELICOPTER SHOW & CONFERENCE  
3-5 OCT 2017 NEC | BIRMINGHAM





Association of Air Ambulances

# The Air Ambulance CONFERENCE 2017

Leading Prehospital Air Ambulance Conference



## Monday 13th November 2017

Chelsea Harbour Hotel, London, UK.

The Conference is a must for:

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- Fundraisers
- Paramedics
- Trustees
- Pilots
- Volunteers
- Senior Management
- Suppliers & Supporters



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## From the editor

Our cover photo this issue is unusual as it does not feature our main story but sometimes a photo is so good that there's really no choice but to use it. So it was when we heard that three members' brand new AW169 helicopters would receive their official launch simultaneously. Our cover shows the new AW169 being launched at Specialist Aviation Services HQ in the liveries of Kent, Surrey, Sussex Air Ambulance, Lincs & Notts Air Ambulance and Dorset & Somerset Air Ambulance. We held off publication for a few days when we knew this shot was coming and I hope you'll agree it was worth it.

Now, if you work in the air ambulance sector - and if you're reading this, there's a fair chance you do - you probably experience the complexities of our regulatory systems every single day. The CAA, EASA, NICE, the CQC, not to mention the numerous fundraising bodies. It may be news to you, then, that some organisations have chosen to be accredited for their standards by international bodies such as EURAMI and CAMTS.

Our lead feature this issue (pages 9-11) explores this phenomenon and solicits opinion from all sides. It's a complex issue and our three-page story can only really scratch the surface but it's clear that this is an increasingly relevant discussion. I'd be delighted to hear your views.

I'm pleased to feature in this issue an article by one of the pre-eminent names in Trauma, Professor Sir Keith Porter. Professor Porter wrote this article for Airway, exploring how trauma is changing - and fast. Some statistics reveal just how significant this change is: between 1995 and 2013, the mean age for patients suffering life threatening trauma rose from 36.1 years to 53.8 years; the percentage of patients over 75 years old rose from 8.1% in 1990 to 26.9% in 2013; in 1990 the percentage of major trauma due to low falls (falls from standing height) was 4.7%, by 2013 this had risen to 39.1%. What does this mean for trauma treatment and the effect on pre-hospital care? Read more on page 13.

With the growth of Airway, we have more space for news as well as features, so you can get yourself up to date with all the latest information on pages 4 to 8. We report that media personnel are now allowed back on board aircraft following an agreement with the CAA, and we speak to Air Ambulance Northern Ireland as their first flight becomes imminent; this is quite a moment for the province and is only thanks to a great deal of work since the idea was first mooted back in 2003. AANI are grateful to AAA and all members for their support along the way.

I hope you enjoy our biggest magazine yet. Do let me know if there is anything in particular you'd like to see in these pages. We also welcome new advertisers, whether members or not, who can speak directly to their target market through these pages, and help support the growth of Airway as a voice for the industry.



Nick Campion,  
Editor

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## Dates For Your Diary

<b>13 July 2017</b>	Ambulance Service Members' Forum
<b>11-17 September 2017</b>	National Air Ambulance Week
<b>20-21 September 2017</b>	Emergency Services Show, Birmingham
<b>26 September 2017</b>	AAA Members' Forum
<b>3-5 October 2017</b>	Helitech, London
<b>31 October 2017</b>	APPGAA Reception
<b>13 November 2017</b>	AAA National Conference
<b>13 November 2017</b>	Air Ambulance Awards of Excellence

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# AW169 FLIES INTO SERVICE



**In UK air ambulance history, a totally new aircraft has been a rarity. What's even more rare is for three aircraft for three charities working with three ambulance services all being signed off simultaneously, with one of them becoming operational just a few hours later.**

Leonardo Helicopters first brought the AW169 cab and news of its potential performance, size and capability to the AAA Conference in November 2012. Five years later, the AW169 is here and it's in use in Kent, Surrey, Sussex; Lincs & Notts; and Dorset & Somerset, with Essex and Herts soon to follow.

Lincs & Notts Air Ambulance CEO Karen Jobling said: *"The AW169 will put our charities at the forefront of medical aviation as we strive to provide the very best critical care possible, giving some of the most critically ill and injured patients their very best chance of survival."*

## MEDIA BACK ON BOARD

Specialist media personnel can once again begin filming with air ambulance services following the successful conclusion of talks with the Civil Aviation Authority (CAA). The AAA, through its membership of the British Helicopter Association (BHA) and alongside the All Party Parliamentary Group for Air Ambulances, had been seeking a solution ever since the CAA's clarification on the regulations resulted in operators stopping air ambulances carrying accredited and appropriately trained media personnel on board in the middle of last year.

The Association worked closely with operators and the CAA initially to develop an alternative means of compliance, also known as an AltMOC. However, this form of compliance gave rise to a number of legislative issues, so as a result the CAA has developed guidance that allows operators to apply for media personnel to fly as medical personnel, as they are critical to the economics of HEMS in the UK.

The AAA is now working with the CAA to ensure all relevant parties receive and understand the new guidance so they can resume working closely with the media, an exercise which brings much greater awareness amongst the general public of the work done by HEMS operations.

The new guidance is designed to ensure standardisation and clarity for operators conducting HEMS flights and carrying people other than crew on board. The guidance says that the operator must demonstrate, through their safety management system, that the risks of carrying additional passengers have been properly identified and justified, and that the necessary mitigation is in place. The operator must also ensure that appropriate requirements are incorporated into the operations manual, detailing any briefing and training elements.



## APPGAA

Following the announcement of the General Election, the All Party Parliamentary Group for Air Ambulances (APPGAA) had to be dissolved in line with all APPGs. As we go to press it is being reformed and will continue its important work. The group is planning its first meeting in late June and will keep members of the AAA updated on its formation and the adoption of the AAA's Key Issues.

Before the election campaign, the APPGAA had been making good progress and was instrumental in pressing for the formulation of a solution to the issue of carrying media personnel on board aircraft (see left). Other issues remain ongoing, including Flight Time Limitations (see p5) and Helipads. The popular annual APPGAA Reception at the Houses of Parliament has been rescheduled to 31 October 2017.



## AAA SEEKS EXHIBITION SUPPORT

The AAA will once again be exhibiting at the Emergency Services Show in Birmingham (20-21 September) and Helitech in London (3-5 October) and is encouraging members to attend and participate at the UK HEMS village. The shows are an excellent opportunity for members to network and update themselves on products and service providers. The AAA will be calling on members to assist on the stands to share their models of operation, and to inform visitors about the UK HEMS and air ambulance sector.

The Association will be creating a UK HEMS village at each exhibition where the UK sector can present a unified and clear message about the UK's air ambulance community to our European and global colleagues - and to UK colleagues from the Police, Search & Rescue, and other complementary services. Clive Dickin, National Director, comments: *"From the outside, the UK HEMS sector can appear intricate, thanks to the way it is funded, how it is structured with a third sector-public sector mix, how it is integrated into the NHS, the different models each region uses and their responses to their unique geography and demographics. Exhibitions such as these are ideal opportunities for us to share information about what the sector does and to share best practice. We lead the way in many areas of HEMS and are keen to share our knowledge - and we are always keen to keep learning from our colleagues both in the UK in other services and around the globe."*



# Delight for Northern Ireland

**"Relief, satisfaction, pride, excitement, delight..."**

**These are the words of Ian Crowe, Chairman of Air Ambulance Northern Ireland (AANI), as he reflects on the fact that the charity is on the cusp of making its maiden operational flight.**

It's been a long time coming. Northern Ireland, with a population of 1.8 million people across an area of 14,000 km<sup>2</sup>, has been the only region in the UK that is not serviced by an air ambulance. It has been 'a long hard journey' in Ian's words - indeed the idea of an air ambulance was first discussed with the ambulance service as far back as 2003. The current campaign began in December 2013 with the coming together of the five current Trustees and gained significant momentum following the death in July 2015 of Dr John Hinds, a motorcycle doctor with the Motorcycle Union of Ireland. The previous campaign for an air ambulance suffered through a failed attempt by others in 2009 when a significant amount of money was raised but a service never materialized. It was because of this that the Board of AANI stated publicly that they would not raise a penny of funds from the public until a helicopter was guaranteed.

The £4.5m LIBOR fund money promised to the charity by the Chancellor in March 2016 provided a huge boost to the campaign and in March this year, the Minister for Health in Northern Ireland, Michelle O'Neill, approved Northern Ireland's first ever HEMS.

As its base, the charity has secured a hangar at the former Maze Long Kesh prison site, which has a history of aviation including use as a World War Two airfield and former U.S. airbase. Within three years, the plan is to build a brand new, integrated base for aircraft, crew and executive team. From this base, the furthest point in the province can be reached in no more than 25 minutes.

The charity is now stepping up its fundraising efforts. Since its



first helicopter (an Airbus EC135 supplied by Babcock) was effectively guaranteed by the LIBOR announcement, it has been accepting money - although not actively campaigning - since March last year and has amassed more than £300,000 in unsolicited donations. The target is £2.5m a year to cover annual running costs and help build charity reserves.

Lotteries, which are such a staple for many air ambulance charities, are a different proposition in Northern Ireland where legal restrictions mean an organisation can't raise more than £80,000 a year and can't spend more than 18% of money raised on administering the scheme. Instead, AANI will concentrate on public and corporate fundraising, where there seems to be considerable appetite.

The service will begin with a pool of highly skilled paramedics and consultants. Northern Ireland Ambulance Service (NIAS) are providing the paramedics and various health trusts are providing the consultants. There will always be a doctor on board, with fifteen being appointed from six local hospitals, along with seven paramedics.

Reflecting on the long journey to this point, Ian Crowe concludes: "The Board of AANI have been humbled by the support we've had so far from the public. We are also grateful to the Department of Health, the Department of Health and Social Care Board and NIAS, without whose help and cooperation this wouldn't have been possible. I'm also grateful to the AAA and Clive Dickin in particular for all the support they've given us both in terms of assisting with our LIBOR funds bid and much else. There has also been so much support, goodwill and offers of help from the other UK air ambulance charities which has been invaluable on our journey."



(l to r) Glenn O'Rorke, Paramedic Operational Lead; Dr Darren Monaghan, Clinical Lead Consultant; Dave O'Toole, Pilot

## FTL IS OTT

Statistics supplied to the Association by members regarding the hours worked by air ambulance crews have reinforced the argument that EASA (European Air Safety Agency) must provide a suitable way to manage fatigue without impacting on increased personnel numbers through the establishment of set Flight Time Limitations (FTL) for Technical Crew Members.

The AAA has already conducted a survey

revealing the numbers of personnel that will be affected and will be submitting a paper to the British Helicopter Association and the All Party Parliamentary Group for Air Ambulances (APPGAA) on the potential impact of FTL being applied to UK HEMS operations. Until now, EASA had exempted HEMS operations from the regulations but is now pressing to regulate the hours worked by crew members on the aircraft - this potentially includes doctors and paramedics who carry out elements of the aviation activity of the aircraft.

This could have a major impact on

members, who would need to employ more crew members and absorb the significant extra cost of their employment, training and certification. It would undoubtedly have a negative effect on the number of patients each technical crew member is exposed to if the number of crew have to be increased to ensure they do not exceed their duty hours.

The AAA continues to make the case to EASA, and the APPGAA will resume its role in the discussions once it is reformed after the General Election.



## NEW JUDGE JOINS AWARDS PANEL



**The Air Ambulance Awards of Excellence welcomes a new independent judge to the judging panel for this year's awards. Adding further knowledge and experience to the team is Debra Allcock-Tyler, Chief Executive of the Directory of Social Change. Debra, who said she was 'absolutely delighted' to join the panel, brings huge charitable sector experience to the role. For more information on Debra and all the judges, see right.**

Debra and her fellow judges will judge entries from across the sector in eleven categories, including the new Air Operations Support Staff Member of the Year category, might see nominations of dispatchers, engineers, back office staff and other non-flying personnel whose roles are not covered by other Award categories.

With scores of people missing out on a place at the Awards Gala Dinner in the last couple of years, the move to the larger Millennium Chelsea Harbour Hotel means significantly more guests can enjoy the best evening of the year. Put Monday 13 November in your diary now and book your tickets by going to <http://www.aaaa.org.uk/aaae>

Awards are open for nominations now and will close at 5pm on 1 September 2017. Categories you can nominate in are:

★	<b>Air Ambulance Campaign of the Year Award</b>	
★	<b>Air Ambulance Doctor of the Year</b>	
★	<b>Air Ambulance Innovation of the Year Award</b>	
★	<b>Air Ambulance Paramedic of the Year</b>	
★	<b>Air Ambulance Pilot of the Year</b>	
★	<b>Air Operations Support Staff Member of the Year</b>	
★	<b>Charity Staff Member of the Year</b>	
★	<b>Charity Volunteer of the Year Award</b>	
★	<b>Lifetime Achievement Award</b>	
★	<b>Outstanding Young Person Award</b>	
★	<b>Special Incident Award</b>	

**Don't leave it too late - get your nominations in now!**

Visit <http://www.aaaa.org.uk/aaae/nominate-now/> for the free and simple to complete nomination forms.

## WORLD-CLASS SPEAKERS LINE UP FOR CONFERENCE

The AAA already has a number of outstanding speakers lined up to speak at the AAA National Conference 2017. The Conference will again see charity, operational and clinical speakers take to the stage to deliver presentations on contemporary topics within the air ambulance and ambulance service sectors. The four topics for 2017 will be Sharing Best Practice, Future Technology, Performance Excellence, and Under The Surface.

Speakers are currently being finalised but are expected to include high-profile and dynamic experts in their fields - keep an eye on the AAA website for the latest news.

The Conference is being held this year 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.

**The early bird rate is still available for Conference bookings.** Go to <http://www.aaaa.org.uk/event/40/> for more information and to book.

## Air Ambulance AWARDS OF EXCELLENCE 2017

### Your judges

#### Debra Allcock Tyler

Debra has been the Chief Executive of the Directory of Social Change (DSC) since 2001. DSC supports around 15,000 charities a year. Debra has spent most of her career in the charitable sector in leadership roles in campaigning, policy development, sales, product development, media relations and training. She is a mentor to a number of CEOs and Chairs of Trustee Boards. Debra is a renowned authority in the field of leadership and governance in civil society.

#### Mark Docherty

Mark was appointed as Director at West Midlands Ambulance Service NHS Foundation Trust in November 2014, leading on Clinical Commissioning and Service Development as well as being the Executive Nurse. Previously Mark was Director of Ambulance Commissioning in London and in 2012 was elected Chair of the National Ambulance Commissioners Group; in 2013 he gave evidence to the House of Commons Health Select Committee inquiry into urgent and emergency health services.

#### Tim Fauchon

In a 37-year career in the Royal Air Force, Tim flew many different types of helicopter and served in the Falkland Islands, Cyprus, Germany, Hong Kong, Oman, Jordan and the USA. He served as the Commander of the SAR Flight, based at RAF Lossiemouth in Scotland. Tim graduated from City University London with an MSc in Aviation Safety Management in 2015 and was appointed Chief Executive Officer of the British Helicopter Association in mid-2016.

#### Jim Fitzpatrick MP (Chair)

Jim Fitzpatrick is MP for Poplar and Limehouse, having first entered Parliament in 1997. Previously a firefighter with the London Fire Brigade, he was awarded the Long Service and Good Conduct Medal. During Government, he was Minister of State for Farming and the Environment, Under-Secretary of State for Transport, Under-Secretary of State at the Office of the Deputy Prime Minister, Government Whip and Minister for London. He is the Chair of the All Party Parliamentary Group for Air Ambulances.

#### Steve Irving

Steve is Executive Officer at the Association of Ambulance Chief Executives (AACE). He is a paramedic and manager with over thirty years' experience at the London Ambulance Service, including a period with London's Air Ambulance HEMS team. Steve is the lead for planning and hosting the Ambulance Leadership Forum (ALF) each year and also works closely with Department of Health and other stakeholders on a range of issues.

#### Hanna Sebright

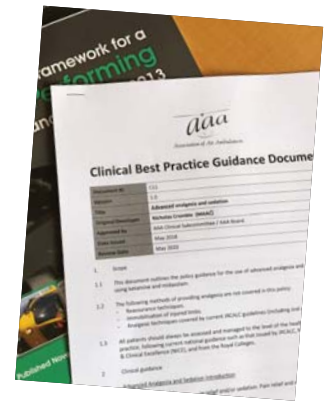
Hanna is the Chair of the AAA. After a spell travelling the world as long haul cabin crew for BA, she has worked in healthcare ever since, including at the Atomic Energy Authority, where she was senior health consultant. In 2006, Hanna set up her own company to develop Electronic Health Media screens for hospitals and GP surgeries; she later sold it to Lord Sugar and became MD of Amscreen Healthcare. Hanna has been Chief Executive of Midlands Air Ambulance Charity since 2011.

# New analgesia and sedation guide

**The Association has issued a new Clinical Best Practice Guidance document on 'Advanced analgesia and sedation' for UK HEMS operators.**

The new Best Practice Guide joins three other Guides being republished following updates: 'Defibrillation and Pacing during Aeromedical Transport', 'Post Return of Spontaneous Circulation (ROSC) Care' and 'Photography and Video Imagery'. All four documents were developed and published by the AAA's Clinical subcommittee.

Each of the documents provides an introduction, guidance and treatment recommendations for air ambulances, enabling them to adopt best practice in the topics they cover. Best Practice Guides issued by the AAA draw on the experience of clinicians working on helicopters around the whole of the UK and form a benchmark for excellent care.



Dr Gareth Davies

Dr Gareth Davies, Chair of the AAA Clinical Subcommittee, said: "Improving patient outcomes through shared knowledge is essential and each of the Best Practice Guidance documents published by the Clinical Subcommittee aims to share knowledge and promote best practice. Pain control and sedation are fundamental elements of patient care but in the complex environment can easily go wrong; hopefully this document will encourage safe and effective practices around the UK.

"The Best Practice Guides are reviewed and updated annually. The committee has an amazing amount of talent and experience around the table which means the documents are distillations of many years of experience, taking the best bits from services all over the UK. These latest guides will now be added to the growing list of best practice guides available to the HEMS community."



## BARRY JOHNS

**The air ambulance community has reacted with great sadness to the news that Barry Johns passed away on 21 May.**

Barry was Chief Executive Officer of the West Midlands Ambulance Service for 24 years, pioneering many of the modern approaches to delivering emergency medical services. In 1990 he introduced the first air ambulance in the Midlands region, initially called Air 5, then County Air Ambulance and now Midlands Air Ambulance Charity.

Barry was also a key supporter and adviser to the Great Western Air Ambulance Charity since its inception in 2008 and was instrumental in helping to build the charity into what it is today. Barry was a founder member of the Confederation of Helicopter Ambulance Services in 2002 and was awarded the Queen's Medal for long service and the Queen's Jubilee Medal for services to the Ambulance Service.

West Midlands Ambulance Service Trust's current chief executive Anthony Marsh paid tribute: "Mr Johns was one of the leading modernisers of the ambulance service, playing a leading role locally, nationally and internationally. He had an uncanny knack for remembering names and details of the individual staff members' family, making him popular amongst staff.

"As a young ambulance officer in the 90s, I was very aware of the work Mr Johns was putting into developing ambulance services. There can't be any services in the country that didn't benefit from his vision of how modern ambulance services should work. It was an honour and a privilege to succeed him in this area."

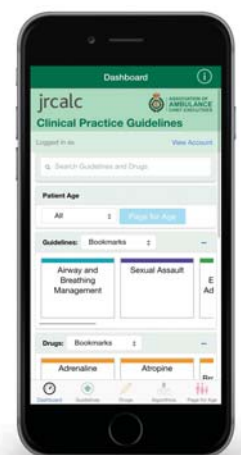
## Member discount for JRCALC Guidelines app

The JRCALC Guidelines, or to give them their proper title, "The UK Ambulance Services Clinical Practice Guidelines", are the bedrock of ambulance service practice throughout the UK.

When Class Professional Publishing published the 2013 Guidelines in print formats, they soon discovered that more and more people wanted their guidelines on their smartphones and tablets. So in 2014 the eBook version was delivered. However, users then said they wanted to get to the information even faster, even when there was no signal and also wanted extra features such as the ability to filter the guidelines by the age of the patient, to flag up the guidelines and drug tables that they used most, to record the details of each case anonymously for later reflective research, and to be kept up to date, whenever the guidelines changed.

Three years of discussion, research and consultation has resulted in an app for smartphone and tablet. The app is available from the App Store and Google Play. You can either subscribe for a month or for a year. Visit [www.icpg.co.uk](http://www.icpg.co.uk) for more information on ICPG and download links.

Class Professional Publishing is offering the app with 20% off to AAA members only. If you want to have access to the latest content and information in the Guidelines direct to your phone, email [info@aoaa.org.uk](mailto:info@aoaa.org.uk) by 4 August with 'App offer' in the subject line and AAA will do the rest.





# SCAA extends hours

**Scotland's Charity Air Ambulance (SCAA) has increased its operational hours by 20% and is now operating a 12 hour shift each day. The charity has recruited a sixth paramedic to support crew shifts.**

SCAA Chief Executive David Craig said, "Since 2013, SCAA has responded to hundreds of time-critical emergencies across the whole of Scotland, 10 hours a day, seven days a week. When a shift ends, however, so does our response capability. Thanks to the generosity of a very supportive public in Scotland, we now have the resources to extend our crew's shift to their maximum 12 hours. This has the potential to see us respond to even more emergencies within that expanded timeframe."

## Celebrating 30 years of saving lives



Around 200 people gathered at Cornwall Air Ambulance (CAA) headquarters to celebrate 30 years of saving lives. Cornwall launched the UK's first air ambulance helicopter service and now 30 years on and more than 26,000 missions later, a roster of crew past and present, former patients, trustees and supporters gathered to celebrate the milestone.

The guests included the CAA's first pilot Geoff Newman and its first paramedic Paul Westaway. Geoff said: "For the past 30 years, I've felt a quiet contentment that the Cornwall Air Ambulance has continued to thrive and inspired other services. It's not often you get to make a small scratch on the world. We're very, very proud of what we achieved."

## EHAAT'S New Look

Ahead of EHAAT's 20th anniversary event on 25 June, the charity unveiled its new brand. This year marks a decade of the Air Ambulances of Essex and Hertfordshire operating in partnership and now they have a brand and logo to match. The rebrand unifies the existing aircraft colour schemes – red for Hertfordshire, and yellow for Essex.

Consolidating the Charity's identity will also have cost-saving benefits for EHAAT. Instead of operating two separate websites, the Charity will have one brand new website; similarly, where merchandise, staff and volunteer clothing and other assets were originally divided into separate colours and designs for Essex and Hertfordshire, everything will now carry the new definitive brand.



## EMAS leads the way on treatment for stroke patients

East Midlands Ambulance Service (EMAS) is the lead ambulance service for the trial of a new patch which contains a drug that helps lower blood pressure and open up blood vessels, allowing oxygen to reach the brain. This action can reduce damage caused in the immediate minutes and hours following a stroke. Strokes are one of the leading causes of death, killing around 40,000 people each year in the UK.

EMAS has 186 paramedics signed up to the trial across the East Midlands. Paramedics are given extra training around stroke care as well as being able to administer the small medicine patch. Results will be published towards the end of the year.

## Biking blood

Hampshire and Isle of Wight Air Ambulance (HIOWAA) have grant funded the purchase of a dedicated blood bike for use by SERV-Wessex, whose volunteer blood bikers operate a regular transportation service from University Hospital Southampton to the HIOWAA airbase in Thruxton, changing the blood carried by the Air Ambulance every 48 hours. The dedicated blood bike, a Yamaha FJR 1300, is one of the first of its kind and is liveried in the distinctive branding of HIOWAA.

Using temperature controlled packaging, which keeps the blood safe to use, volunteer blood bikers carry one fresh box of two units of blood to Thruxton three times a week. Any blood unused within 48 hours is then transported back to University Hospital Southampton for use in theatres.



## News in Brief

### Pride of Derby

Three East Midlands Ambulance Service ambulance staff have been nominated for Pride of Derby Awards for providing exceptionally reassuring and supportive care to patients in Derbyshire. Rosie Cowburn, Paul Reed and Shaun Barsby have all been nominated.

### LAA's New CEO

Jonathan Jenkins has now taken up his role as CEO of London's Air Ambulance. LAA has also launched 'Working Smarter Together for Our Patients', which outlines its strategic direction for the next five years, which Jonathan will be responsible for driving forward. The focus is on further improving patient care, developing long term pre-hospital emergency medical expertise through the Institute of Pre-Hospital Care, working more efficiently, improving the percentage spent on frontline operations, and enhancing sustainability and resilience.

### HELP Appeal

The HELP Appeal, the charity that provides funding for helicopter landing facilities, has handed over its three latest donations. At the Royal Bournemouth Hospital, work has begun on their upgraded helipad, funded by a £119,000 grant from the HELP Appeal. Central Manchester University Hospitals NHS Foundation Trust has received its second instalment of £250,000 from the HELP Appeal's £1,000,000 pledge for its helipad; and the Royal Sussex County Hospital in Brighton has received its first donation, an instalment of £500,000 of its £1m pledge.

### Special treatment

In what is believed to be the first such partnership in the country, a six month trial will see special constables trained by South Central Ambulance Service being sent to medical emergencies to carry out initial lifesaving treatment for some patients whilst an ambulance response is en route.

### Medal presented

Nigel Rees, the Welsh Ambulance Service Trust's Head of Research and Innovation, has been presented with the Queen's Ambulance Service Medal by Prince Charles at a ceremony held at Buckingham Palace. Nigel was recognised in the New Year's Honours List for exemplary service and exceptional devotion to duty.

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

**Then email [airway@aoaa.org.uk](mailto:airway@aoaa.org.uk) to be considered for the next issue.**



# RAISING THE STANDARD

**The UK's air ambulance sector is tightly and rigorously regulated. So why are we hearing more and more about international accreditation bodies such as EURAMI and CAMTS starting to make their presence felt? In the UK, the air ambulance services and ambulance services are regulated by a number of bodies. The Civil Aviation Authority (CAA) and EASA (European Aviation Safety Agency) run a strict rule over all aviation elements, while the Care Quality Commission (CQC) and National Institute for Health and Care Excellence (NICE) cast a beady eye over all things medical. (Charity and fundraising regulation is equally tightly regulated but that is a topic for another day.)**

Why, then, are we suddenly seeing European and American certification schemes being used in the UK? European-focused EURAMI and US-focused CAMTS both have fully accredited members in the UK. In some parts of Europe and the U.S., the schemes are very popular and undoubtedly useful when rationalising standards across states and nations. CAMTS has recently created CAMTS EU to focus more on European sectors.

The benefits of accreditation, say these organisations, are both internal and external. An accredited medical transport service demonstrates to its employees and to the public that it cares about the quality of patient care and safety and is committed to doing things to a high level of quality, efficiency and safety. Accreditation organisations deliver comprehensive audits to determine compliance with the standards; these audits allow the audited organisation to identify opportunities to streamline costs and enhance effectiveness. Accreditation organisations would argue that ultimately there is a positive impact on the service's bottom line in terms of future earnings and preventive strategies that far outweigh the actual costs of accreditation.



Philip Bridle

**The best part about accreditation is that it provides a standard for everything.**

## But do we need them here in the UK?

Bill Sivewright, Chief Executive Officer, Dorset & Somerset Air Ambulance, does not see the benefit of adopting standards that may not be relevant in the national environment. *"It does not make sense to pay a significant amount for accreditation by a body whose standards are shaped by a different environment,"* says Bill. *"Whilst the majority of the standards these bodies demand are very similar to those we already meet, where they are different, it may not always be for the best. There is, for example, no consensus on the requirement for two pilots in UK HEMS and the impact on safety or efficiency, yet this is advocated by some external accreditation bodies. If there is no clear advantage to adopting an international set of standards then why use donated money to finance it?"*

Conversely, The Air Ambulance Service (TAAS) is a strong believer in CAMTS because its clinical partner for The Children's Air Ambulance, Embrace, is accredited by the organisation. Head of Operations at TAAS, Philip Bridle, says, *"The best part about accreditation is that it provides a standard for everything. These are very specialist teams doing the transfers, it's a unique environment that calls on a range of different people and organisations to do different aspects of the work. CAMTS accreditation embraces all these elements and demonstrates high standards are being met across the board."*

*"We are not accredited ourselves but we are inspected as part of our partner Embrace's accreditation process. Absolutely everything is inspected including the way each party integrates with the others to create a coherent operation. The inspection of TAAS didn't change anything we did but it was reassuring in the way it demonstrated we were doing a good job."*

Embrace is the Yorkshire & Humber Infant & Children's Transport Service - a transport service for critically ill infants and children in Yorkshire and the Humber who require care in another hospital in the region or further afield. In July 2014 Embrace gained accreditation from CAMTS for ground, fixed wing and rotor wing transport of critically ill babies and children. (In March 2016 the fixed wing accreditation was withdrawn by CAMTS after Embrace's partner CEGA Air Ambulance ceased to trade. Embrace retains the capacity to provide fixed wing transport when required but this is not carried out as a CAMTS accredited organisation.)

Dr Stephen Hancock is Transport Consultant (Paediatric Lead) for Embrace and is also on the Board of CAMTS EU. Asked why it has been paediatric and neo-natal transfer operations that have led the way when it comes to external accreditation, he



comments: "It's about the wide scope of care and the fact that aeromedical transfer services are low volume and in partnership with external organisations. The accreditation means I know that we can do the work safely and to a high quality despite low frequency. It helps me build relationships and structures with external agencies. Embrace operates with four different air ambulance partners and a ground partner so it's complex compared with a typical HEMS service which has direct oversight from CAA, EASA and CQC, which we don't have even though our partners do.

"It was fixed-wing air ambulance providers who first looked into international accreditation in the UK, as a means of devising structures to enhance safety and quality. With relatively low frequency of air activity, a small number of NHS transport teams have come to understand that meeting one of the international benchmarks is a good way to ensure standards were maintained. For many air ambulances, particularly in the US, accreditation has now become a major commercial consideration as it is compulsory in some jurisdictions.



"When CAMTS come and accredit us, they take three days and visit nine sites - it's a very comprehensive process. We feel that working with CAMTS is very much a partnership based on self improvement and thanks to the process we have come a long way in the last four or five years."

## Modern and Relevant

Another organisation with a focus on children and babies is Lucy's Air Ambulance, whose preferred air charter partner is Capital Air Ambulance. Dr Terry Martin is Medical Director for Capital Air Ambulance and is also chair of the Standards Committee of EURAMI. He had always been interested in regulation of aeromedical transport services and has lectured extensively on the industry standards around the world. Terry became involved in EURAMI after Capital's first accreditation in 2012; he says: "I felt that the regulations, at that time, were somewhat outdated, and I wanted to create a modern and relevant set of standards that all air ambulance companies could aspire to, plus an array of advanced standards for those organisations that have the capability to offer the broadest range of high quality medical transport services."

Terry, a former RAF doctor, has decades of experience in all aspects of patient transport by air and is also a helicopter pilot and consultant in both intensive care medicine and anaesthesia. This experience enables him to design and write standards for all aspects of air ambulance operations, including aviation, medical, governance and business facets of the accreditation process, and in all types of mission profiles, i.e. fixed wing, rotary, HEMS, commercial airline repatriation, as well as specialty services such as paediatrics and neonatal. Terry says: "In the UK, the aviation side is very well audited through the CAA and EASA. As part of its accreditation process, EURAMI checks that the appropriate compliance with the regulations of these bodies is in place but most of the audit work falls necessarily to the medical side. Most countries don't have specific regulations for patient transport, so this is where EURAMI comes into its own.

"On the medical side, we don't spend a lot of time looking at the management of each individual patient. We are more focused on overall patient care, systems in place for appropriate medical management specific to the mission statement, and scope of care in the accredited member's modus operandi.

"Any opportunity to look at standards and make improvements is good. There does need to be some way of bringing together all these standards, not least because the

**The accreditation means I know that we can do the work safely and to a high quality despite low frequency. It helps me build relationships and structures with external agencies.**



## The accreditation bodies

**EURAMI (European AeroMedical Institute)**, based in Germany, says its mission is to promote high quality aeromedical transfers throughout Europe and the world via fixed wing or rotor aircraft. It aims to establish this through promoting research, training and accreditation in the field of aeromedical transfers. EURAMI believes strongly that accreditation is an effective means of validating quality aeromedical services and initiating self-evaluation.

**CAMTS (Commission on Accreditation of Medical Transport Systems)** is an American accreditation organisation that has now created CAMTS EU, which it describes as an organization dedicated to improving the quality of patient care and safety of fixed wing, rotorwing, ground and medical escort services by providing comprehensive standards and an auditing process to determine substantial compliance with the accreditation standards. The organisation was created to better serve European and international medical transport providers recognizing not only cultural differences but government restrictions and laws of other countries while maintaining the integrity of the accreditation process worldwide.

**NAAMTA** is the new kid on the block, seemingly offering a very similar product to the other two more well established organisations. The US-based organisation defines itself as the accreditation standard bearer for the medical transport industry, offering guidelines for developing a quality management system focusing on transport safety, patient care, and continuous improvement. Since the company's inception in 2009, it says it has made great strides in identifying key best practices to improve the standard of performance among medical transport systems at the global level. The organisation says it embraces a higher standard where all who fall under the NAAMTA umbrella desire a perfect workplace, a place where safety and quality of care are paramount.



Accreditation 2012 Terry Martin (left), EURAMI auditor Dr Gert Muurling, and Capital CEO & Chief Pilot, Malcolm Humphries

European standards are considered by many to be lagging behind modern practice. This is such an issue that some have considered that the European standards are not fit for purpose in the UK. I'd really like to see worldwide standards that are acceptable to all countries, but they must take national differences and limitations into account in order not to alienate some states.

"In the UK, the AAA could have a crucial role in aligning standards with EURAMI or CAMTS as well as pursuing input with European Standards through the BSI."



Bill Sivewright

## Practicalities

Bill Sivewright still needs some convincing about the practical realities of how these standards might work in the UK. He comments: "I absolutely understand the need for international standards where an organisation works internationally or where those standards are adopted by UK regulators. However, UK HEMS operations are already regulated by EASA, CAA and CQC. With quite restricted areas of operation, one wonders what benefit UK HEMS being accredited for international operations might offer. To use charitable donations to buy into such a system of accreditation, one should at least see the benefits that it might bring. Unfortunately, much of the accreditation standards are statements of opinion and for me there must be a clearer and more rigorous link between the standards being set and the benefits they bring.

"In addition, EURAMI and CAMTS are not set in a UK context. For UK HEMS, I am in favour of identifying a set of UK standards that draw on the experience and requirements of UK operations.

"I am certainly not in favour of layers of certification - Gold, Silver, Bronze for example - because I don't see the value of this to the patient. One needs to identify a standard that meets the needs of the patient and that's it, that's all that matters.

"If we are to develop a certified set of standards in this country, a task which should not be underestimated, we need to start from scratch and ask, not only 'What do we need?' but 'why?'"

It is certainly early days in this discussion and opinions vary widely. TAAS's Phillip Bridle is broadly in line with Bill Sivewright's view: "I think the use of CAMTS will remain just with specialist organisations rather than becoming a HEMS-wide phenomenon. The HEMS environment has a narrower field of practice than the specialist teams using CAMTS as the accredited standards, hence current legislation and guidance from the CAA, CQC and other regulatory bodies give the HEMS organisations good levels of assurance."

Embrace's Dr Stephen Hancock, however, says: "I do think accreditation will move from secondary transfer operations to primary HEMS services. Most accredited US operations are primary HEMS, and CAMTS is developing to encompass this area more outside of the US through CAMTS EU. It would be a pretty good fit. You'd only look to accredit under the standards that meet your scope of care."

Dr Terry Martin from Capital concludes, "Accreditation inevitably leads to higher quality, which means more efficiency and better safety throughout the business. EURAMI is not just a regulator, it helps aspiring organisations to reach the required standards. All companies that I audit around the world are happy to learn of new ways to improve. You can never have too much quality or too much safety can you?"

**Do you have a view on standards and accreditation?  
Please let us know; email [Airway@aoaa.org.uk](mailto:Airway@aoaa.org.uk)**

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Professor Sir Keith Porter

# The new trauma epidemic

## Are we neglecting our elderly patients?

**Professor Sir Keith Porter, Professor of Clinical Traumatology, writes for Airway on the changing face of trauma.**

If you ask the general public about patients suffering major trauma, they will invariably reply that it is the disease of the young, quoting as examples the car drivers, motorcyclists and victims of interpersonal violence. This was the case a few decades ago but with an increasingly aged population, many remaining fully active, the balance is changing. Falls from a standing height in the elderly patient group is set to become the common cause of trauma in the UK in the next decade.

### What is major trauma, how is it defined and quantified?

The Injury Severity Score (ISS) is the system used most frequently worldwide. Scores are defined based on the American College of Surgeons Abbreviated Injury Scale (AIS), which scores from 1 (minor) to 6 (fatal) for individual body regions. The ISS is determined by adding together the square of the AIS scores from the three most severe body areas.

Life changing injuries are those injuries with an ISS of 9-15 and life threatening injuries ISS over 15. It should be noted, as an example, a score of in excess of 15 can be achieved from a single injury or a number of higher lesser injuries.

Ideally patients with an ISS over 15 should be managed in a Major Trauma Centre (MTC) and selected patients, depending on network policy with an ISS 9-15 (e.g. open tibial fracture).

For the younger patient, identifying those with likely life threatening injuries can be obvious, for example the younger patient with multiple injuries in a road traffic collision, the patient who jumps from a building or the patient with torso bullet wounds.

In the elderly patient our triage tools

are at best 50% likely to recognise the injury.

The magnitude of this problem is demonstrated by a review of the trauma data taken from a review article looking at the period from 1995 to 2013. In summary:

- The mean age for patients suffering life threatening trauma has risen from 36.1 years to 53.8 years.
- The percentage of patients in the over 75 years of age group rose from 8.1% in 1990 to 26.9% in 2013.
- In 1990 the percentage of major trauma due to low falls (falls from standing height) was 4.7%; by 2013 this had risen to 39.1%.

### Why is triage only as good as flicking a coin for the elderly?

This is because the elderly do not display the classical signs of shock due to blood loss (due to an ageing cardiovascular system) and many with life threatening head injury following trauma have a normal level of consciousness (due to increased space in the skull due to brain shrinkage with age), but many go on to die particularly in those patients on anticoagulants and antiplatelet medication.



### What is the way forward?

Any solution must embrace a network response. As the majority of elderly patients are not received by a trauma team there is a need for a priority assessment by a senior doctor, perhaps middle grade, within a defined timeline. The threshold for a CT Traumatogram (scan from head to hips) should be lowered as this is the best triage tool and many injuries are not obvious.

Beyond ED, hospitals should adopt bespoke care pathways for this cohort of patients as detailed in the HECTOR pathway (<http://www.hra.nhs.uk/news/research-summaries/hector-evaluation>). The biggest challenge is pre-hospital care.

### How can HEMS practitioners help?

HEMS practitioners can help by:

- Promoting education and training to the wider paramedic population on the covert injuries related to low energy falls.
- Improving examination techniques; as an example, there may be subtle signs of serious injury.
- Considering point of care testing e.g. venous lactate determination, ultrasound techniques.

Taking all elderly falls to a major trauma centre is not the answer – there is not capacity.

Facilitating rapid, safe interhospital transfer of those elderly patients needing lifesaving interventions, most commonly head injuries, is one way HEMS could help.

Finally, case review, data analysis and hospital collaboration may determine a more cohesive approach and better outcomes for this deserving cohort of patients.



# HIGHER RESOLUTION, LOWER COST

**It's not often that you get a greatly improved product being offered at a vastly lower price but this is what AAA Associate Member Rotor & Aircraft is offering.**

With long experience in the helicopter industry, Managing Director of Rotor & Aircraft François Gatineau brought Max Viz Enhanced Vision Systems (EVS) to the emergency services in the UK a few years ago. The Max Viz EVS is a Forward Looking Infra-Red (FLIR) system using infra-red technology. The primary objective of the Max Viz EVS is safety.

The system uses infra-red sensors, signal processing and advanced cockpit display to show terrain, runways, taxiways, aircraft and obstacles in poor visibility conditions including light fog, haze, smoke, brown/whiteout, light precipitation and darkness.

Until this year, the only product available was the Max Viz EVS 1500. Now, though, the Max Viz EVS 1500 is no longer in production, having been replaced by two superior products, the EVS 1400 and the EVS 2300. The big difference is that the technology is now high resolution and the display has four times as many pixels, making a huge difference to the quality, contrast and clarity of image on the cockpit display. In addition, the Max-Viz EVS 2300 can display LED lights on the Long Wave Infra-Red (LWIR) image based upon patented blended sensor technology.

François says that despite this upgrade to HD, air ambulances are likely to save money compared to the previous version of EVS. The EVS 1500 cost 60,000 US Dollars and while the new EVS 2300 costs the same, the EVS 1400 is just 25,000 USD - and it is this version of the product that most suits UK HEMS operations.

François adds: "The EVS 2300 is of course the higher level product and its advantage is that it has software embedded into it that makes it compatible with Synthetic Vision Systems (SVS), which allows the merging of the infra-red image of the map with the infra-red image of the EVS. However, this is perhaps for the future; for an immediate positive impact at a fraction of the cost, I'd recommend AAA members look at the EVS 1400 straight away.

"The EVS 1400 is perfect for those operators already flying with Night Vision Goggles (NVG), being very much a complementary technology to enhance vision especially in rural areas where on some dark nights residual lights are not enough."



The EVS system has already been approved and installed in many business jets like Falcon, Challenger, Citation and Gulfstream, while in the European EMS and SAR sectors, it is already in operation with several companies including in Switzerland, Poland and France.

François added: "This is a unique system. Of course it is outstanding at night and makes night flying far safer but, unlike Night Vision Goggles, it is also invaluable during the day when visibility is low. The crew are able to see obstacles that they simply wouldn't see with the naked eye. For example, if a pilot is facing IIMC, the EVS will allow him to escape safely from this difficult situation. The EVS can improve both daytime and night-time visibility by up to ten times compared to the naked eye, depending on temperature and humidity.

"It is simple to install and very simple to use – in fact EASA has not imposed any training requirements at all. It is a one-off purchase that does not require annual training."







# NATIONAL DIRECTOR'S REPORT

National Director, Clive Dickin, writes a quarterly report for Airway, which summarises the Association's most recent activities and priorities so all members can be kept up to date. Clive writes:

This has been an exceptionally busy period, not least because of the General Election, which caused a reorganisation of many events through the year, as well as the reconstitution of the APPGAA. Sadly, the other most notable news was the death of one of our industry's pioneering figures, Barry Johns. He will be much missed. You will find an obituary on page 7 of this issue.

## Media Personnel

As covered elsewhere in this publication, the issue of air ambulances carrying media personnel has been resolved; the CAA has issued guidance to AOC holders and the AAA has shared this with all members. I'm delighted at the speed with which this has happened and am aware that within days, at least one television channel has agreed in principle to commission a number of programmes.

## General Election

The snap calling of the General Election created a substantial amount of reactive work, reorganising various meetings and events and dealing with the disruption of our regular communication with MPs. A reception at No. 11 Downing Street, the June APPGAA Reception and meetings with various Ministers on Key Issues will all need to be rearranged after 8 June.

## Subcommittees

The new AAA Subcommittee structure was approved at our AGM and the transition process has begun. Further information will be reported in the next issue of Airway.

## Conference and Awards

Plans for the Conference and Awards continue apace. This is an exciting year as both events continue to evolve, with this year's event being held at the new, larger venue of the Chelsea Harbour Hotel. For two years, we have had to turn people away

for the Awards dinner but by moving to the Chelsea Harbour Hotel, we will be able to offer more space for Dinner guests, as well as offering our exhibitors a superior space to exhibit and our Conference delegates an outstanding event.

## Ambulance Radio Programme (ESMCP)

The emergency services mobile communications programme (ESMCP), also sometimes known as the Ambulance Radio Programme (ARP), continues to present challenges. At a meeting on 26 April a proposed solution was presented but was totally unsuitable for all emergency services aircraft. The AAA is writing to the project director in the hope that the programme's serious shortcomings can be addressed urgently. The Association's Operations Subcommittee will continue to be closely involved in all developments and discussions.

## AAAC

The Association of Air Ambulances Charity continues to generate great interest from donors. The Charity's Donor Engagement Policy has been changed to improve early potential donor support and this has allowed the Charity to engage three potential donors in preliminary discussions. AAAC continues to develop its relationship with existing donors.

## NEW BRAND, NEW LOOK

The AAA branding has existed for almost a decade. With a major website update underway, this was the perfect time to review our brand. We will send out a paper to members for consultation in July, detailing the new look and new brand. Please do let us know what you think.



If you would like any more information on any of these issues, please contact Clive Dickin on 01564 339958.



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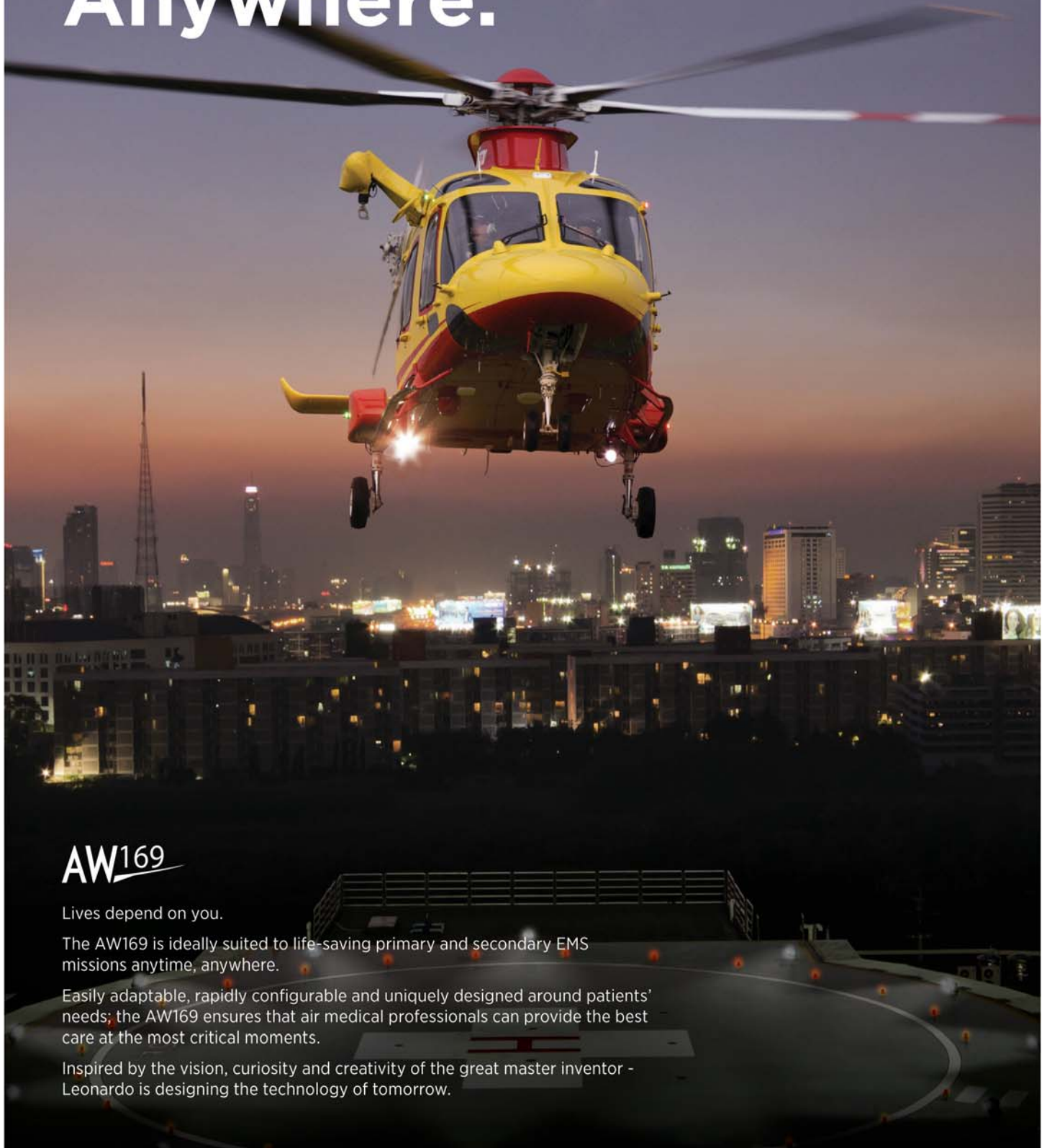
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