

**Essex & Herts Air Ambulance (EHAAT)
Groups and Societies Webinar, 10th March 2021
Questions and Answers**

1. What effect has the pandemic had on your day-to-day work and on your funding income?

One of the biggest impacts has been that the crews have had to work whilst wearing full PPE such as masks and suits. Wearing a mask can make talking to colleagues and patients challenging, as well as making it difficult to tell who is who at the scene of an incident. The team has worked really hard to overcome these challenges. Simply being covid secure at all times has an impact. Due to restrictions, we've not been able to hold the face-to-face training and governance that we would normally hold. We've improvised and used online meetings but the team do miss the opportunity to meet up, build team spirit, train and learn together.

Fundraising has been badly affected, with the cancellation of all our face-to-face events. In addition, we have had to close our shops during lockdown, and our lottery canvassers have had to stop their vital work. Like all charities we have had to adapt and change to new ways of working and through switching to online events and initiatives and thanks to our amazing supporters across Essex and Hertfordshire and the surrounding areas, we have still received donations but by the end of our financial year (March 2021), we anticipate that donations will be about £600,000 down on the previous year.

2. What can the air ambulance team offer, apart from the obvious speed, that an ambulance cannot provide?

Each critical care team consists of a pilot and co-pilot, a pre-hospital care doctor and a critical care paramedic, who can be rushed to the scene of an incident with life-saving support equipment to deliver advanced clinical care that is normally only found in the hospital emergency department. We effectively take the hospital to the patient. We also bring clinical leadership to complex incidents, these may be from road traffic collisions, serious assaults through to sick children or complex medical cases. Because we attend high numbers of these, more than a member of the ambulance service would see, we have a great deal of experience we can share.

3. How does the ambulance service decide which cases to refer to you?

EHAAT works in partnership with the East of England Ambulance Service NHS Trust (EEAST) who, according to clinical need, dispatch the EHAAT team from the Critical Care Desk (CCD) based in the EEAST Emergency Operation Centre at Broomfield Hospital. The CCD is staffed by a critical care paramedic and a trained dispatcher to ensure appropriate tasking. The CCP will literally vet every 999 call as it comes in, looking for those missions we can make a difference at. They use their clinical acumen and experience gained from their operational work as part of the HEMS team.

4. How frequently are you called out?

On average, our critical care teams, at both airbases, are dispatched six times per day.

5. What criteria decides which hospital the patients are taken to?

The critical care team may take the patient to the closest hospital if needed, but will always try to triage to an appropriate specialist centre to ensure the patient receives the timely care they need; this may be a cardiac centre for those having a heart attack or a major trauma centre for

those seriously injured. The trauma networks also have a system that takes into account the injury and physiology of the patient. If a patient has certain injuries for example they become “trauma positive” and would automatically be accepted by the major trauma centre. Distance, availability of landing the helicopter at the hospital, weather and how unwell the patient is can all play a part in the complex triage decision.

6. What equipment do you have to help you get from the helicopter to the patient when the location is challenging?

If the helicopter has to land some distance from the patient, the crew may get assistance from a land ambulance, the police or passers-by to help them get quickly to the scene. The weight of the equipment bags is key as everything we have needs to be carried to scene.

7. You deal with some very distressing incidents. Do you have a support team available?

Our teams are selected and trained for the work they do, but our clinical managers and consultant team are able to support team members who have had to attend particularly distressing incidents. We have a system of peer support, pastoral support from our chaplains, weekly case reviews, a mental health action group and a dedicated clinical psychologist who works with the team and individuals. Plus, the dedicated help available from the ambulance service via “Trim” trained peer support.

8. There appears to be only one stretcher - what happens if there is more than one casualty?

Not every patient is airlifted to hospital. Depending on the distance they need to travel they may be taken by land ambulance, accompanied by our critical care team. If a second helicopter is required, one may come from a neighbouring air ambulance if the other EHAAT aircraft is not available.

9. Do you use “What 3 Words” to locate patients?

Our crews are tasked by EEAAT, who are able to make use of this when helping us locate patients.

10. How do you cope with different blood groups? How long can blood be kept?

We carry packed red blood cells of blood group O Negative, meaning they can be used on any patient, along with lyoplas, a freeze-dried plasma. The packed red blood cells are supplied daily and replenished as required from The Princess Alexandra Hospital in Harlow and delivered to EHAAT’s airbases at Earls Colne and North Weald by riders from Essex Voluntary Blood Service (EVBS). We keep the blood for a maximum of 24 hours before returning it to the hospital, ensuring that it is not wasted.

11. How much is it costing to run this service now? Do you rely solely on donations or do you get some funding from the NHS?

It costs in excess of £750,000 every month to remain operational and to cover all charitable costs - that’s around £9 million a year. We do not receive regular Government funding.

12. How are my charity contributions divided into paying for ambulances, staffing etc?

For every £1 we receive in donations, 50p goes directly towards funding the Helicopter Emergency Medical Service (HEMS), 18p goes towards the cost of raising further funds for the service with 32p going to our reserves. Our reserves provide financial security to the charity enabling it to continue to fund its HEMS service during periods of economic uncertainty when other forms of income may reduce. The current pandemic has demonstrated just how important it is for charities to hold adequate reserves to enable them to continue their important work at times when it is often needed the most.

13. What are the key benefits to your operation by moving to the new North Weald Airbase?

The new building will give us security of tenure and will result in significant cost savings compared to leasing a new building built to the same specification. As well as facilities for aircraft, vehicles and crew, the building will include space for training, mentoring, patient liaison and cross training with other emergency services, which will benefit both EHAAT and the local pre-hospital care community. It will also provide an interactive Visitor Centre which will allow us to welcome and engage with our supporters; plus, space for the EHAAT Fundraising Team to work more closely with their clinical colleagues.

The building has been designed with 'green' issues very much to the fore. It includes charging points for electric cars and photovoltaic panels on the roof which will generate electricity. Any excess will be supplied to the National Grid. There is bicycle parking for staff who wish to cycle to work and as much waste as possible will be recycled. The building has been well insulated in order to retain heat and reduce noise pollution and it will make as much use as possible of natural light in order to save on electricity.

From a clinical perspective we will have dedicated training and governance areas that will allow us to train our own teams but also partner organisations. There are proper rest areas and a kitchen space where the team can prepare a hot meal and relax after difficult missions.

14. How many helicopters are in service, what model are they, how much do they cost and how long are they in service before they are replaced?

Our current helicopters are an AgustaWestland 169 (AW169) based at our North Weald Airfield and a MD902 Explorer (MD902) based at our Earls Colne Airfield. The MD902 is leased from Specialist Aviation Services, and the AW169 was purchased by the charity in 2016. There is no set service life, as modern helicopters are designed to operate for decades and we follow a strict maintenance schedule which involves replacing parts which have done specific numbers of flying hours. To purchase an AW169 today would cost somewhere between 8 and 9 million Euros.

15. Is it correct that you do not use the helicopters at night? If so, why?

Currently our helicopters do not fly at night, but it is something we are looking at. Flying a HEMS mission at night has only recently been allowed by regulations. Flying at night is costly and we have to be sure that there is a need. Consequently, we are collating statistics to determine not only the need but also the optimum times to provide the service by helicopter. Flying into the hours of darkness, but not necessarily throughout the night, is something we are working towards. Our Rapid Response Vehicles (RRVs) which operate at night have exactly the same team, equipment and pharmacy that the helicopter has and at night time they are not fighting through traffic so they can attend incidents quicker than you might think. Importantly, not all the

hospitals we go to can receive helicopters at night, so we would still need to transport the patient by land ambulance.

16. Why do you have rapid response vehicles? Are those calls not covered by the traditional ambulance service?

We use Rapid Response Vehicles (RRVs) during the hours of darkness or when a helicopter is unable to fly because of bad weather or unplanned maintenance. Like the helicopters, the RRVs deliver both a pre-hospital care doctor and critical care paramedic rapidly to the scene and carry the same life-saving equipment as the helicopter. This brings an advanced level of clinical care and equipment to the patient that can go far beyond that of a land ambulance, or any other emergency vehicle.

17. From where do you recruit your pilots and do they undergo further training to meet your specialist requirements?

We have a contract with Specialist Aviation Services who supply all our pilots and co-pilots, and who are responsible for their training. They have a detailed selection process and there are strict regulations covering their role. To be a pilot in command of the helicopter they must have flown a minimum of 1,000 hours.

18. What's the maximum group size can you accommodate on tours? Can we come to North Weald and ring our handbells for everyone at North Weald?

Unfortunately, due to current government restrictions, our bases are closed to non-essential visitors at the moment. It is not yet clear how many visitors we will be able to welcome to each base when restrictions are lifted. We really hope we can re-open our doors soon and welcome visitors to both airbases in the very near future!