

[Response by Operations Director, Devon Air Ambulance to an email sent to Totnes Rotary Club by Harberton Resident]

Dear [REDACTED],

Many thanks for your support in seeking to establish a Community Landing Site in Totnes to enable our service to help your community during the hours of darkness.

[REDACTED] has forwarded the e-mail you received from Mr [REDACTED], asking a number of questions that I am very happy to respond to with our perspective/answer.

Devon Air Ambulance (DAA) works collaboratively with the South Western Ambulance Service NHS Foundation Trust (SWASFT), and our two helicopters are deployed from within their 999 control room. SWASFT and DAA agree that working in partnership like this provides the patient with the most appropriate response to meet their needs. Between us, we have identified the level of care that seriously ill and injured patients might require, and we have devised our method of response to ensure that patients receive that care.

This care will involve highly skilled land-based paramedics, however, unlike Mr [REDACTED] suggests, our service does not respond only when triggered to do so by a land ambulance crew. Indeed for the vast majority of the patients we respond to, both during daylight and darkness, we deploy simultaneously with a land ambulance. Sometimes we arrive first, sometimes the land ambulance arrives first, however, the important aspect is that the patient's needs are met from the moment the first clinician arrives by their side to the moment they arrive at the hospital most able to provide them with the best chance of a successful outcome.

The report highlighted by Mr [REDACTED] (University of Sheffield 2003) identified that seriously injured patients treated by air ambulances received better outcomes and '...suggests that the key issue is targeting [air ambulances] to an appropriate caseload'. Devon Air Ambulance recognised this at the time and we instigated the first dedicated Air Ambulance dispatch team in the UK. Our team, again a collaboration between the ambulance service and ourselves, target the deployment of our service to the most seriously ill and injured patients. This team, based in Devon, is now supported/funded by all of the South West Air Ambulance charities and deploys six air ambulance helicopters within the South West of England. A model now adopted elsewhere in the UK.

We also recognised the need to develop the clinical care that our team can provide to patients and our 'Enhanced and Critical Care programme' continues to educate, train and equip our clinical team to enable us to provide a level of care which enhances the care available from land-based paramedics. There are numerous treatments that our clinical team can provide for patients that are not available from traditional land-based ambulances, including lifesaving surgical procedures, enhanced pain relief, sedation, advanced airway protection (especially for children) and post-resuscitation care.

The ability to reach the patient quickly and then deliver enhanced clinical care is still only part of the solution to help the patient have a successful outcome. We also need to ensure the patient is transported to the most appropriate hospital. Over the last decade the NHS has established regional and national specialist treatment centres for which published evidence demonstrates patients have a much higher chance of surviving their injuries or illness.

Totnes is fortunate that a Cardiac Centre for heart attacks and a stroke centre is available nearby at Torbay Hospital, meaning that a land ambulance transfer to Torquay may well be the quickest means of transporting a patient to that hospital. However, in such situations, as our clinical team can offer additional clinical care to the patient, we may well travel with the patient in the land ambulance, continuing their treatment on the way to the hospital. Something that we can only do of course if we can land in Totnes in the first place.

Derriford Hospital in Plymouth is the adult Major Trauma Centre and again, although patients can be taken there by road fairly quickly, the flying time to the hospital is much quicker which, when minutes matter for the patient, is what land clinicians and our team will opt to do.

Totnes, however, like lots of places in Devon, is not so close to other specialist treatment centres that your community members may require. Whereas Derriford hospital in Plymouth is the 'adult' Major Trauma Centre, the children's Major Trauma Centre is located in Bristol. This is also the regional specialist treatment hospital for children with major burns or serious medical illnesses.

Further away still, the regional specialist burns hospital for adults is located in Swansea in Wales. Transporting patients direct to these specialist hospitals, as you will appreciate, is significantly quicker by air than it is by road.

We review the care of all the patients we treat and deliver enhanced treatment to, and through the Regional Trauma Network and acute hospitals, also seek to ascertain the patient's outcome so that we can continually improve our service.

Unfortunately, it is not possible for us to provide a comparison to land ambulance outcomes as SWASFT do not review their patient treatment and outcomes in the same way that Devon Air Ambulance does. We do of course share our learning and information with SWASFT and indeed invite their clinicians to our Clinical Governance sessions so that their staff can join us as we review the care of the patients we have treated together.

Our targeted deployment to seriously ill or injured patients, the enhanced care we provide patients that we continually review and develop, and our ability to fly patients direct to specialist hospitals, means that our service bears no relationship to the national picture in 1996 and 2003, which is what the very much outdated reports Mr [REDACTED] refers to are based on. Our care also represents the very highest level of care available to patients in Devon outside of a hospital.

It is true that in the USA concern has been raised over the safety of air ambulance services operating at night. However, compared to the UK, their model is very different with multiple helicopters flying to the same incident and competing to convey patients on a commercial business, all in an environment with much less stringent safety rules than here in the UK.

We are not complacent, however, and our desire to operate safely into towns and villages at night is one of the drivers behind us working with communities to develop our Devon wide network of Community Landing Sites. Establishing with a community a remotely controlled floodlit site, which we have surveyed from the ground and know to be large enough for us to land safely and is free from overhead wires or other hazards, means we do not have to land in places which are completely dark or have potentially unseen hazards.

The support of organisations like the Rotary Club of Totnes not only helps maintain our safety and the safety of your community, it provides us with the means to land quickly within the heart of town enabling our clinicians to reach patients quickly and commence their life-saving treatment promptly.

Thank you for helping us to help your community and I trust that I have been able to answer some of the questions you might have had following the receipt of Mr [REDACTED]'s e-mail.

Best wishes

[REDACTED]