

Devon Air Ambulance Trust

Dear Harberton Parish Council,

Many thanks for forwarding to us the letter you have received from a member of your community in relation to Harberton working with Devon Air Ambulance to introduce a Community Landing Site, which will enable us to deliver our service to your community during the hours of darkness.

Although we respect the authors right to their point of view, as there are aspects within the letter which are inaccurate or not reflective of the service we provide the people of Devon, I wanted to take the opportunity to share with you an overview of our service, the patients we respond to and how we work in partnership with the South Western Ambulance Service NHS Foundation Trust (SWASFT) to deliver the right care to patients based on their needs.

Below is a high-level graphical overview of our activity during 2017 which will enable your community to gain an understanding of the patients we respond to, the conditions they are suffering from and where they are located. As you will see, most of our patients are located in a town, village or hamlet, and although they can be in an open area, field, footpath or indeed in the street/highway, most of our patients are located in a place of residence or work.

Although this is true in daytime, it is even more so during the hours of darkness and is one of the main drivers behind us working with communities to establish Community Landing Sites at the heart of their town/village. Such sites are an important aspect in enabling us to respond quickly to a patient's actual location when they are suffering from a life-threatening condition.

The author suggests that our service would only be deployed after a land ambulance has arrived with a patient, meaning they would face a delay in 'waiting' for us to attend. However, the reality is that for over 80% of the patients we respond to, we do so before a land ambulance clinician arrives at the patient. This reflects how we work in partnership with SWASFT to identify patients who have time-critical needs during the 999 call and seek to respond to them at the same time as an ambulance is proceeding to the patient.

Working collaboratively like this enables patients to receive prompt life-saving interventions from SWASFT's clinical teams or community-based voluntary responders, while also providing rapid access to the additional specialist treatment that is not available from land ambulance clinicians, but which is provided by Devon Air Ambulance's team.

We also have the ability to fly a patient direct to a hospital which provides the specialist services most likely to provide the patient with the greatest chance of a successful outcome. Although you may be aware that Derriford Hospital in Plymouth is the specialist treatment centre adults suffering from Major Trauma, other specialist hospitals which we convey

patients directly to are much further away. Such as the children's major trauma and serious illness centres being in Bristol and the adult major burns centre located in Swansea.

On occasion, we may opt to convey the patient by land ambulance to the closest hospital, however with our clinical team escorting the patient so they can continue to deliver the enhanced care during the journey.

The author references the use of our service in relation to responding to Harberton and, as coincidence would have it, whilst writing to you today I see that our service has in the past few days been called to assist a patient in a residential property in Harberton. The patient had fallen from height sustaining injuries. We were tasked 6 minutes after the 999 call was made, which was before the land ambulance arrived on scene, and our clinical crew arrived on scene 19 minutes later. The patient received care from both land and air ambulance clinicians and was then flown direct to Derriford Hospital as this was deemed most suitable for the patient's injuries.

Responding to this incident highlights the importance of having a landing site which is suitable to enable our team to carry the patient to, and load them into the helicopter. We were able to land close to the patient's location so the team could reach them quickly and start delivering care. However, this did mean the team had to navigate across a stream and electric fencing to reach the patient. It would not have been suitable to carry the patient across these same hazards to the helicopter, so our pilot relocated our helicopter to the community field by the Village Hall while the clinical crew treated the patient. Working in collaboration with the land ambulance crew, the patient was driven to the helicopter near the Village Hall and then flown direct to Derriford Hospital.

From the moment we were tasked to attend the patient to them arriving at the most appropriate, not simply the nearest hospital in Torquay, just 62 minutes had elapsed.

In relation to the safety of our service operating during the hours of darkness, we welcome the opportunity to share with you the approach we are taking to help ensure the safety of the public on the ground, our patients, as well of course of our helicopter and crew. As you would expect, we comply fully with all the safety regulations of the Civil Aviation Authority, which are far more stringent than those throughout the rest of Europe and indeed most of the world.

However, in addition to the regulatory requirements, Devon Air Ambulance has also chosen to implement many additional safeguards and controls. Indeed, it is because of the high importance we place on safety, that we are seeking to develop floodlit Community Landing Sites within towns and villages like Harberton. Identifying a suitably sized landing site in

advance and surveying it during daylight to establish where any hazards such as overhead wires, pylons, posts and nearby trees are located, and installing remote-controlled floodlighting, provides a much greater level of safety. Not just during landing and take-off, but also when carrying the patient to and loading them into the helicopter.

Although there are other errors and inaccuracies within the letter, rather than go through them in turn we are happy for the service we provide to be considered on the basis of how it serves your community. To this end, I would be very happy to meet with the Council or provide any additional information you would like in your deliberations to consider helping us to help your community during the hours of darkness.

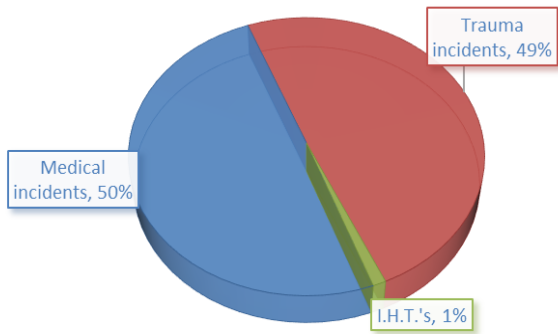
In closing, I would like to reassure you that the establishment of a night landing site in your community will enable Devon Air Ambulance to reach patients in Harberton, and provide the enhanced life-saving treatment we provide, much quicker than if we have to land at a neighbouring town or village.

Yours faithfully

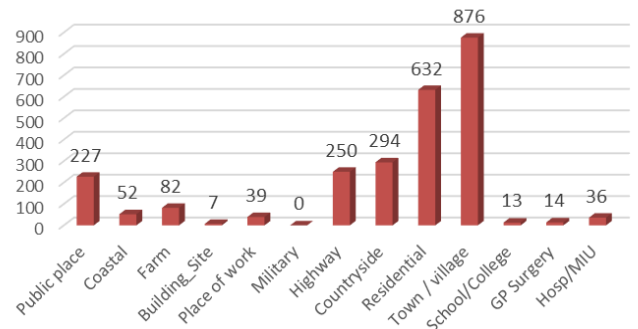
Nigel Hare
Operations Director

Overview of our 2017 Activity

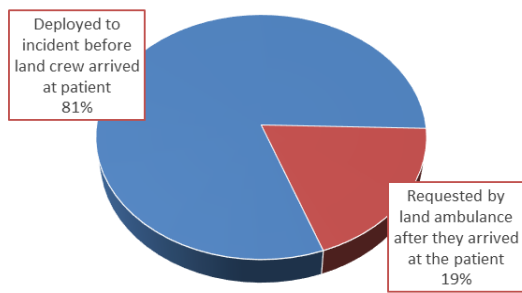
Incidents we are deployed to



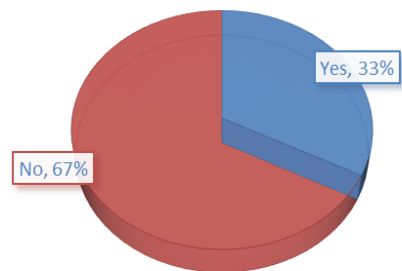
Location type of our deployments



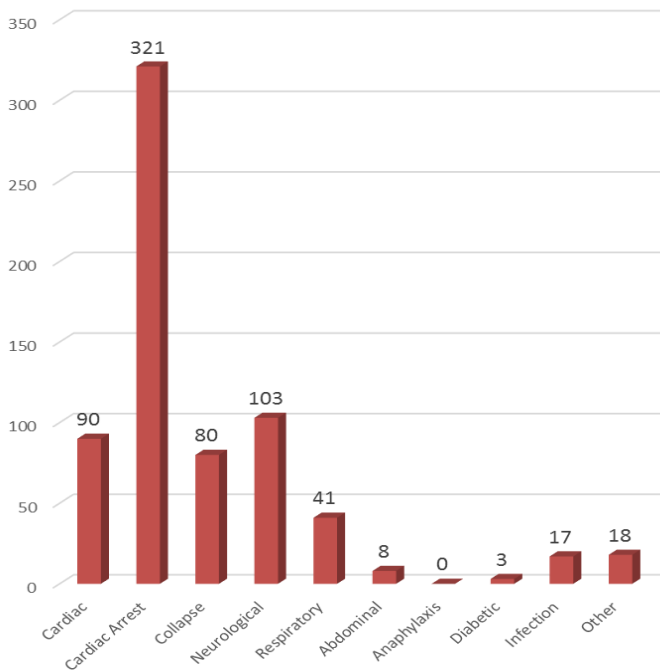
When we were deployed



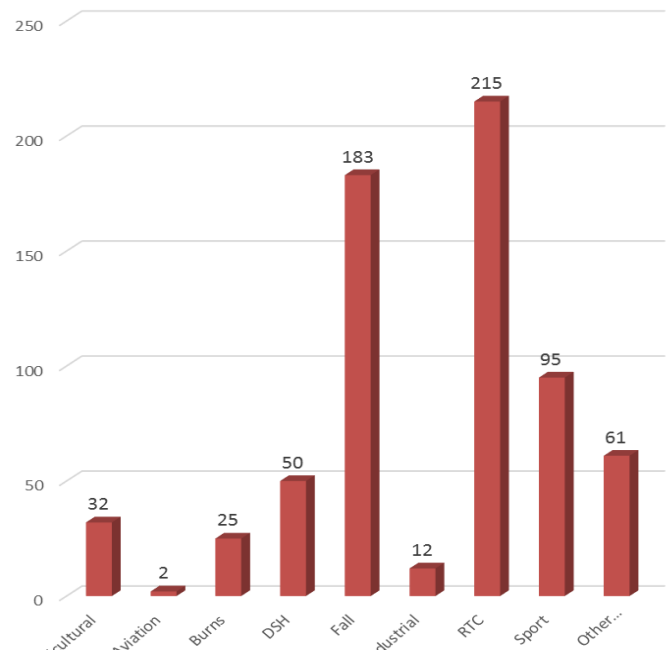
Patients taken to specialist hospital for their condition, rather than to the closest hospital



Whole Service



Traumatic incidents (injuries) we deployed to



Location Types: Multiple categories apply (i.e. a patient located within a house in a village would be reported in both categories)

Specialist Hospitals: Patients who are conveyed to the closest hospital, which is also the specialist hospital for their condition, are included in the 'No' category to reflect a land ambulance would have taken them there.

Traumatic Incidents: RTC = Road Traffic Collision. DSH= Deliberate Self Harm