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**ESTABLISHING A HELICOPTER EMERGENCY MEDICAL SERVICE (HEMS) FOR NORTHERN IRELAND**

**Consultation Report**

**March 2016**

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1. **EXECUTIVE SUMMARY**

The Department of Health, Social Services and Public Safety, referred to below as “the Department” or “DHSSPS”, conducted a consultation from 23rd November 2015 until 22nd January 2016 in order to engage with the public and stakeholders about the key issues related to the establishment of a Helicopter Emergency Medical Service (HEMS) for Northern Ireland. This followed a [Statement to the Northern Ireland Assembly on 3rd September 2015](http://www.niassembly.gov.uk/assembly-business/official-report/written-ministerial-statements/department-of-health-social-services-and-public-safety--northern-ireland-trauma-network-and-hems-public-consultation/)[[1]](#footnote-1) by the Minister for Health, Social Services and Public Safety, Simon Hamilton MLA, announcing his intention to move forward with the introduction of a HEMS.

The [consultation](https://www.dhsspsni.gov.uk/consultations/consultation-key-issues-related-establishment-helicopter-emergency-medical-service)[[2]](#footnote-2) invited respondents to express their preferences on particular options and proposals related to the key HEMS themes (management and funding models, medical staffing models, target patient groups, home base location, and collaboration with other services), as well as provide comments or evidence in support of their views. Of these themes, the issues of funding options and medical staffing generated most discussion.

This report explains the background and approach to the consultation (Section 2) and provides a summary of the views expressed by the public and stakeholders in response to each consultation question (Section 3). It also provides the Department’s response in relation to each question (Section 4).

A total of 158 written responses were received from a variety of stakeholders including: members of the public, local councils, the voluntary and community sector, health and social care organisations, staff and their representative bodies.

Views were also gathered through a series of public engagement meetings which were held in Ballymena, Belfast, Derry and Fermanagh. These were attended by members of the public, as well as health service professionals from paramedic, general practice and hospital backgrounds. A separate meeting specifically for clinicians was also convened in Belfast, at which each Health and Social Care Trust and the Northern Ireland Ambulance Service (NIAS) was represented.

The consultation was also used as a means of inviting prospective voluntary sector organisations to express their interest in becoming a HEMS charity partner, subject to both the Minister opting to introduce such a funding model for this service and due process in respect of the appointment of a charity. His Assembly Statement highlighted the need to explore the possibility of establishing a robust and recurrent charitable funding contribution to maintain this service, given the many competing priorities for limited resources in health and social care. Two consultation respondents indicated a desire to be considered for this role, however only one of these organisations (Air Ambulance Northern Ireland), met the necessary outline criteria set by the Department. Further detail on this is provided in Section 5.

**Key Findings**

The Minister’s Statement on the introduction of a HEMS was generally welcomed, through the majority of written and verbal feedback received, as a positive step towards improving pre-hospital emergency care in Northern Ireland.

A summary of the feedback gathered in relation to each consultation question is presented below. Further detail on each question is provided within the report.

Discussion tended to focus around the key issues of how the service ought to be funded, the medical staffing model it should adopt, and where it should be based. A range of views were put forward, however, the vast majority of respondents favoured a wholly government-funded service, staffed by a physician and paramedic, and based at a central location in order to best serve the Northern Ireland population.

In broad terms, the majority of responses gathered through written submissions and engagement events indicated the following preferences for the new service.

The Northern Ireland HEMS should:

* seek to join the [Association of Air Ambulances (AAA)](http://www.associationofairambulances.co.uk/)[[3]](#footnote-3) and be guided by its [Framework Document](http://www.associationofairambulances.co.uk/framework/)[[4]](#footnote-4);
* be a commissioned service by the Health and Social Care Board delivered by Northern Ireland Ambulance Service (NIAS);
* adopt a financial model that is government-funded, supported by charitable donations from the public;
* adopt a physician/paramedic staffing model;
* develop a local deployment strategy that takes account of the specific needs of the region, in line with the principles recommended by AAA;
* focus initially on targeting the primary response group, particularly major trauma patients, and over time seek to evolve to include the secondary response group;
* be based at a relatively central location (the majority of respondents suggested Belfast International Airport) as this maximises its potential to be effective in the greatest number of potentially suitable incidents, as well as delivering numerous other benefits;
* continue to develop and maintain effective collaborative partnerships with other helicopter transport providers, such as the Police Service of Northern Ireland (PSNI), Coastguard and the Republic of Ireland’s (ROI) Emergency Aeromedical Support (EAS), in order to maximise coverage and continuity of service.

1. **BACKGROUND**

**Assembly Statement**

In a Statement to the Northern Ireland Assembly on 3rd September 2015, the Minister for Health, Social Services and Public Safety, Simon Hamilton MLA, announced plans to further strengthen existing trauma services in Northern Ireland by committing to invest in the establishment of the Northern Ireland Trauma Network, one of the key recommendations of Transforming Your Care (2011). Alongside this he also announced plans to move forward with a HEMS as a key component of the network. The Minister’s full Statement can be viewed on the Assembly website at:

<http://www.niassembly.gov.uk/assembly-business/official-report/written-ministerial-statements/department-of-health-social-services-and-public-safety--northern-ireland-trauma-network-and-hems-public-consultation/>

**Launch of the HEMS Consultation**

The Department subsequently launched an 8 week consultation from 23rd November 2015 until 22nd January 2016, seeking written responses to a range of consultation questions under five key themes, with a view to informing further decisions by the Health Minister about these issues.

The consultation document can be viewed on the Department’s website at:

<https://www.dhsspsni.gov.uk/consultations/consultation-key-issues-related-establishment-helicopter-emergency-medical-service>

The five consultation themes were:

* Theme 1: Management and Funding Models
* Theme 2: HEMS Service Configuration / Models of Care
* Theme 3: Target Patient Groups
* Theme 4: Home Base Locations
* Theme 5: Collaboration with Other Services

The [appendices to the consultation document](https://www.dhsspsni.gov.uk/sites/default/files/consultations/dhssps/hems-consultation-document-appendices.pdf)[[5]](#footnote-5) described the context within which the consultation was taking place, including:

* the policy background to this issue, including previous HEMS reports;
* the establishment of the Northern Ireland Major Trauma Network;
* an overview of current ambulance service provision in Northern Ireland, including the current use of helicopters and other aircraft through partner organisations such as the PSNI and Coastguard;
* an overview of HEMS provision in Great Britain and the Republic of Ireland;
* a glossary of common abbreviations and acronyms.

The Department also published the report of a [feasibility study](https://www.dhsspsni.gov.uk/sites/default/files/consultations/dhssps/deloitte-hems-study.pdf)[[6]](#footnote-6) which was commissioned through the Health and Social Care Board in 2012, examining the feasibility, need for and sustainability of a HEMS/Air Ambulance. The study at that time concluded that, in the context of ongoing strategic change and financial challenge in the provision of health and social care, the Department’s position in relation to the provision of a HEMS should be reviewed again 3 to 5 years time.

**Approach to the Consultation**

The Department formed a working group to develop the consultation document and provide advice during consultation meetings. The group comprised representatives from relevant Arms Length Bodies – the Health and Social Board, Public Health Agency, Belfast Health and Social Care Trust (as the Trust responsible for the regional Major Trauma Centre) and NIAS. An independent facilitator was used throughout the consultation in order to ensure wider stakeholder engagement

A series of public consultation meetings were held as follows:

* Ballymena: Adair Arms Hotel, 30th November 2015 (11 attendees)
* Belfast: Stormont Hotel 2nd December 2015 (29 attendees)
* Londonderry: City Hotel, 6th January 2016 (11 attendees)
* Irvinestown: Manor House Hotel, 11th January 2016 (10 attendees)

Meetings were publicised via the Department’s website, press release and social media. In addition, letters were issued to the Department’s standard list of consultees, including political parties, MLAs and district councils.

A separate meeting specifically for clinicians was held in Belfast on 19th January 2016. Each Health and Social Care Trust and NIAS was represented, with a total of 30 attendees.

**3. OVERVIEW OF CONSULTATION RESPONSES**

*In this section, a summary of the range of views gathered in response to each consultation question is provided. Comments in inverted commas were quoted directly from written or oral respondents.*

Theme 1: Management and Funding Models

***Proposal 1:***

***It is proposed that, irrespective of the funding model adopted, the Northern Ireland HEMS should seek to join AAA and be guided by its Framework Document in relation to key management issues, with the advisory role in clinical matters to be undertaken by a Clinical Advisory Group.***

The Association of Air Ambulances (AAA) is a representative body for UK HEMS/Air Ambulance services established in 2007, the majority of which are members. Membership would entail being guided by the AAA Framework Document in relation to key management issues, including the establishment of a Clinical Advisory Group.

This proposal was overwhelmingly supported in written responses and also during all consultation meetings. Respondents were of the view that it would ‘make sense’ for the Northern Ireland HEMS to join the AAA, and that it should not seek to ‘reinvent the wheel’ in terms of governance and operational protocols of the HEMS.

Given the paramount importance of clinical governance, it was widely acknowledged that the AAA Framework would provide clear guidance to the NI HEMS on clinical standards, operational management, dispatch, staffing and training, as it does for the majority of established UK HEMS services. This would facilitate the establishment of an effective and safe service.

Respondents concurred with the need for the establishment of a CAG to advise on clinical matters. It was suggested that this should consist of local physicians and paramedics with experience and expertise in the pre-hospital and HEMS environments.

Reference was made to the ‘serious global offers of help and support offered as a result of the groundwork by the late Dr John Hinds’, with respondents indicating that they would strongly favour the CAG accepting such advice from national and international experts.

It was noted during the clinicians’ meeting that a small number of UK HEMS services are currently not members of AAA, but that they aspire to join in future.

No alternatives to Proposal 1 were suggested during the consultation.

***Proposal 2:***

***It is proposed that, irrespective of the funding model adopted, the Northern Ireland HEMS should be commissioned through the Northern Ireland Ambulance Service (NIAS).***

This proposal was overwhelmingly supported in written responses and also during all consultation meetings. A small number of respondents offered an alternative view.

The general view expressed by respondents was that NIAS would be ideally placed to operate the Northern Ireland HEMS service, as it is the only organisation with:

* the required infrastructure to facilitate the service, specifically handling all 999 ambulance calls through a command and control centre that covers the entire region;
* the staff with experience in receiving, triaging and allocating appropriate resources to emergency situations;
* a unique working knowledge of all NI hospitals and their associated specialities;
* access to significant data on the pattern of emergency response needs for the whole region;
* appropriate links to other emergency services who may be involved in such cases.

Respondents viewed that this would place NIAS in a unique position to oversee the dispatch of the HEMS service and ensure that it is used appropriately.

Some respondents indicated that commissioning the service through NIAS would allow for a holistic approach to corporate and clinical governance, as it would ensure complete integration with the wider emergency transport service and prevent any disparity between service delivery aims and staff recruitment.

Alternatives to the proposal included a view that NIAS should have a role in terms of HEMS dispatch and paramedic provision, but that this should be done *“without burdening an already overstretched service with the non-clinical/administration side of the service.”*

One response also suggested that further evidence to support the proposal should be provided, as *“the commissioning and management arrangements need to ensure strong clinical involvement from all health professionals who will be involved in delivering the helicopter emergency medical service”.*

***Option 1a – The annual operating costs of the Northern Ireland HEMS, estimated at £1.8m, should be fully publicly funded from existing Departmental resources.***

***Option 1b – The Northern Ireland HEMS should be funded and operated on the basis of a formal partnership with a voluntary organisation, in line with defined criteria, in order to secure community involvement and provide a recurrent source of charitable funding.***

The majority of respondents indicated a preference for a fully government funded model, as it was felt that this would *“allow robust oversight and governance”* and provide a more solid funding foundation for a sustainable service.

Consultees generally expressed concern about the risk of service disruption or collapse due to the potential for an unforeseen reduction in charitable contributions in any given period.

Reference was made both through written responses and in public meetings to previous failed attempts to establish an air ambulance charity in Northern Ireland, and the need to avoid recurrence of such events by providing a secure source of Departmental funding.

However, whilst a small number of responses indicated acceptance of both options, it was also widely acknowledged by those favouring Option 1a that charitable funding has an important part to play. Many respondents among this group felt that there exists in Northern Ireland significant public support for establishing a HEMS, as evidenced by a recent petition attracting 80,000 signatures, and with that a high level of good will to donate to such a cause. This would engage the public in the HEMS service and help develop the service further, for example, by allowing the service to *“aim for gold standard training and equipment that would not necessarily be possible with public funds”*.

Many respondents were of the view that whilst charitable contributions should not be relied on as a primary means of funding, it could potentially add to the Executive’s funding of the service, or relieve some of its burden given other needs in the health and social care system.

Those supporting Option 1b, which also included clinicians and organisations from the health and social care sector, viewed the charitable funding model as one that would present challenges, but in time potentially the most efficient and cost-effective means of running the service.

Among this group, some also drew attention to the opportunity cost of government investment in HEMS. It was argued that, given flight limitations, training costs, geographic factors, and the missed opportunity to improve road-based ambulance services with money that would be diverted towards HEMS, the service may represent *“very poor value for money”* and therefore should not be funded from the Department’s budget.

In summary, the most common theme of the discussion around this question was that the HEMS funding model needs to provide the people of Northern Ireland with a safe and sustainable service that is *“world class, robust, resilient and guaranteed to last”*.

Theme 2: HEMS Service Configuration / Models of Care

***Option 2a: The Northern Ireland HEMS should adopt a paramedic-led service model which will deliver primary trauma care and undertake acute retrievals and critical transfers.***

***Option 2b: The Northern Ireland HEMS should adopt a physician-led service model, comprising a doctor and paramedic, which will deliver primary trauma care and undertake acute retrievals and critical transfers.***

Feedback from consultation meetings and written responses indicated a large majority preference for Option 2b, i.e. a HEMS medical staffing model comprising a physician working alongside a paramedic. Proponents of this model believe that it brings the complimentary skill sets of the two disciplines to the patient, and represents a *“cost-effective and life saving choice”*.

The specialist and unique skills of paramedics were widely acknowledged. As skilled clinicians with experience in the pre-hospital environment, they would provide the *“natural link between the HEMS, other ambulance crews and the other emergency services, and as such are key individuals in managing the scene of any mission the HEMS is called to”*.

Consultees also referred to the role of NIAS paramedics in tasking the HEMS team appropriately, due to their knowledge of local hospital specialties ensuring that patients are triaged to the most appropriate hospital.

However, it was emphasised that the model described in Option 2a – referred to as a ‘dual paramedic’ model – must be understood to be a *“flying ambulance”* capable of delivering clinical care in *“line with the current paramedic skill set/JRCALC (Joint Royal Colleges Ambulance Liaison Committee) capability”.*

By contrast, a physician-staffed HEMS would be a *“continuum of the hospital system”* which can *“effectively bring the resuscitation room of the Emergency Department (ED) to the patient”*. For example, this would allow for:

* advanced life or limb saving interventions;
* surgical procedure, e.g. thoracostomy, thoracotomy;
* advanced therapeutics, e.g. blood transfusion, pre-hospital anaesthetics;
* advanced diagnostics, e.g. ultrasound to diagnose internal bleeding;
* critical decision-making at the scene e.g. bypassing ED to bring a critically ill patient with multiple injuries directly to the operating theatre.

Respondents from the clinical community also made reference to learning in other countries where physician-staffed HEMS have brought improvements in survival rates compared to dual paramedic models, citing studies which show 40% increased likelihood of survival. They felt that this would be one of the most important factors in improving survival rates for critically ill patients. It was argued by some that having only paramedics arrive by air would lack logic, as in the vast majority of cases in Northern Ireland there will already be a paramedic in attendance.

*“To bring a fully trained Pre Hospital Doctor to the patients side on the roadside, gives the patient a real chance of life again, through their live saving procedures they can perform. The Paramedic brings the experience of the Pre Hospital field and the ability in situational awareness, many years of trauma experience, and they bring abilities in managing a difficult and emotional scene, whilst packaging the patient correctly for onward transport to hospital.”*

It was acknowledged that this model may take longer to implement than a dual paramedic model, given current challenges in recruiting emergency doctors, however many of those supporting this option were strongly in favour of establishing it from the outset, rather than starting the service with a dual paramedic model and building towards a physician-paramedic staffed service.

Many respondents, including physicians and paramedics, described a helicopter as a *“transport modality only”*, with the most important part being the team that it carries. This generated further discussion about the potential for bringing a doctor/paramedic team to an incident scene by road, e.g. due to limited flying hours during low light or poor weather conditions, or where incidents occur in close proximity to the HEMS base. They suggested that a 24/7 road response unit therefore also needs to be considered and planned for to bring maximum benefit to the population. It was recommended by many of those making this suggestion that this would be a development of the HEMS service rather than a requirement of the service from the outset.

Theme 3: Target Patient Groups

***Proposal 3: It is proposed that a local deployment strategy should be developed for the Northern Ireland HEMS that takes account of the specific needs of the region, in line with the principles recommended by the Association of Air Ambulances. This strategy will provide guidance on, for example, incident response and HEMS tasking.***

There was unanimous support for this proposal. Respondents generally agreed that the HEMS could look to best practice in established services from the rest of the UK and elsewhere, apply it to the local setting and adapt it over time to suit the needs of our population.

A number of comments were received in support of the proposal:

* The success of the service relies completely on its dispatch procedure;
* The local deployment strategy should be formulated jointly by NIAS and the HEMS CAG. This should take into consideration a number of factors such as the clinical severity of a case, geographic location, and type of response (primary, secondary or tertiary);
* Activation of a HEMS response in the event of a major trauma requiring a primary response should not have to wait until a ground crew arrive to report from the scene;
* Tasking should be undertaken by HEMS-trained paramedics who monitor the Computer Aided Dispatch (CAD) system;
* As seen in other services, this would keep “stand downs” to a minimum and ensure efficient use of the service.

***Proposal 4: It is proposed that the Northern Ireland HEMS would facilitate two main response groups i.e. primary and secondary. It is likely that the service would start with responding to the primary group, particularly major trauma patients, and over time evolve to include the secondary group.***

There was widespread support for this proposal. Many respondents agreed that it would be logical to commence with primary response cases, such as major trauma, evolving into the realm of secondary retrieval and potentially other time critical medical interventions such as emergency PCI or stroke thrombolysis.

It was suggested that the service would become more cost effective as the service matures and the HEMS case load is increased in this way, although it was generally agreed that this expansion should be reserved for acute, time critical conditions.

A small number of respondents indicated opposition to the proposal of commencing with a primary-only response, on the basis that they advocated a primary and secondary HEMS response from the outset. They felt that this would ensure that patients are ultimately treated in the correct location, i.e. the Major Trauma Centre.

This was illustrated by the example of a multiply injured patient who is stabilised at the local hospital at a time when the HEMS was unavailable. This patient may require a time critical transfer to the Major Trauma Centre to facilitate life or limb saving interventions, e.g. via neurosurgery/thoracic surgery or orthopaedics/plastics. The use of the HEMS in these circumstances for a secondary response would minimise delay in the onward transfer and thus the likelihood of a poorer outcome.

The link between the target patient groups and the local deployment strategy was acknowledged throughout the consultation, with respondents generally agreeing that central intelligent tasking and co-ordination of missions by experienced dispatchers is essential. It was again suggested that learning was available from established services elsewhere, e.g. Scotland and Wales, *“where a multi discipline team can complete either mission”*.

Consultees were generally of the view that the CAG would be best placed to determine the timing and extent of developments into a secondary response role, and that the first 12 months of the service implementation would be helpful in clarifying this issue.

Theme 4: Home Base Locations

***Proposal 5: Consultees are invited to provide their views on the most suitable home base location for the HEMS, explaining how their preference meets practical requirements such as the availability of a hangar and associated services, the proximity to medical personnel who will staff it, and the ability to reach target destinations within an acceptable timeframe.***

The majority of respondents were of the view that the HEMS should have a home base at a relatively central location in order to provide timely access to the whole of Northern Ireland, i.e. *“where it can best serve the majority of the population, in the quickest time available”.* Most of these cited Belfast International Airport as a suitable location.

In general terms, consultees stated that a decision on the HEMS base ought to be made on the basis of the available objective evidence. Logistical, infrastructure and demographic factors such as likely call location patterns should therefore be at the forefront, in order to offer the greatest potential clinical benefit to the greatest number of patients.

Respondents suggested that, in terms of on-site facilities, a HEMS base would require suitable accommodation for crew members, a telemedicine link permitting the crew to join trauma morbidity and mortality meetings, various computer systems such as online medical records and imaging systems to allow for follow up on cases, dispatch screens and communication equipment to browse active calls which may be applicable for a HEMS response.

Proponents of greater Belfast as the home base location put forward the following benefits that Belfast International Airport could potentially offer:

* **Ability to meet practical safety requirements**, as hangar, parts, equipment, and engineers could be readily available;
* **Central location** facilitating approximate response times to Enniskillen within 25 mins, Derry/Londonderry within 20 mins, Portrush within 20 mins, Portaferry within 10 mins, and Dublin within 35 mins;
* **Proximity to trauma distribution** (as evidenced by the distribution of Road Traffic Accidents in Northern Ireland), population density and motorway access, it allows for response via Response Car at times when the helicopter is off-line;
* **Proximity to the Northern Ireland Blood Transfusion Service** allows for the provision and maintenance of a Pre-hospital Blood Products Transfusion programme;
* **Proximity to the Major Trauma Centre** allows for shared learning, training and clinical governance activities;
* **Aviation fuel is a substantial cost** for any HEMS service. Basing a service central to trauma workload will result in shorter flight times back to base post mission and therefore help reduce costs;
* **Proximity to other emergency services training facilities e.g. NIAS and Northern Ireland Fire and Rescue Service (NIFRS)**. Regular inter agency training is required as clinicians rotate through the service so proximity to training facilities is necessary;
* Belfast International Airport **qualifies as a Class 1 landing site**allowing for night operations should the service expand into this area. One response suggested that its 24/7 operation allows maximum availability for the HEMS, as the Daylight Flying Rules would not apply to the final leg back to base;
* **Proximity to a consistent pool of paramedic and physician staff** to work on the HEMS.

One response put forward a similar rationale in support of a base at Belfast City Airport.

Many of the responses proposing a base at Belfast International Airport also suggested co-locating the HEMS with the PSNI’s Air Support Unit, and sharing some of its support and ground services. This collaboration could create practical as well as the economic benefits, e.g. opening the possibility of other locations being used for refuelling across Northern Ireland.

Several responses suggested that the home base for a helicopter need not be the site from which daytime operations are launched. Many of the respondents who indicated a preference for Belfast International Airport as a home base also suggested that the helicopter could be stationed during the day at one of the District General Hospitals such as Craigavon, Antrim, or the Royal Victoria Hospital. However, it was also noted in the consultation that having the home and operational bases widely separated would increase costs through the necessity of flying the aircraft between both sites, while at the same time decreasing the hours of availability.

Four written responses supported Enniskillen Airport as a potential home base, a view that was also put forward by some of the consultees at the public meeting in Fermanagh. They suggested that the HEMS *“will be of least benefit in large urban areas of Northern Ireland”,* whilst areas furthest from the regional trauma centre would benefit most. They cited the following advantages benefits of locating in Enniskillen:

* **Proximity to the South West Acute Hospital (SWAH)**, which could provide the opportunity for medical personnel to maintain/enhance their skills by training and working in the ED or the Critical Care Unit between missions;
* **No delay in take off** due to the requirement to contend with commercial flights, as would be the case in a commercial airstrip;
* **Provision of hangar facilities and all associated support services** including engineering support, fire cover, security, air traffic control, and runway navigation;
* **Transfer of critically ill patients to the Major Trauma Centre** in Belfast could be achieved within 27 minutes;
* **Ability to replenish supplies** e.g. blood quickly and easily due to proximity to the SWAH;
* **Ability to reach any location** within Northern Ireland within 30 minutes;
* Ability to **facilitate any future development of a cross border service**, as Enniskillen is the one location from which the greatest area could be covered;
* Given the road network along the main A4 route towards Belfast and the location of Enniskillen airport to the North of the town, **medical staff will be reasonably able to commute** from hospital bases in Enniskillen, Derry, Craigavon and Belfast.

Theme 5: Collaboration with Other Services

***Proposal 6: It is proposed that the Northern Ireland HEMS should establish and maintain collaborative partnerships with other helicopter transport providers, such as the PSNI, Coastguard and EAS (ROI), in order to maximise coverage and continuity of service.***

Respondents almost unanimously supported this proposal for continued collaboration with other services after the establishment of the HEMS. These organisations, whilst not HEMS providers, are regularly engaged by NIAS to assist ground ambulance crews in responding to emergencies.

This was viewed as essential, particularly as there will inevitably be times when a helicopter response may be required for several incidents simultaneously, and the HEMS tasking service would therefore need to work closely with other services. This will require good central co-ordination from ambulance control centre.

Opposition to the proposal was received through one written response, however, the accompanying comments would suggest that the question was misunderstood.

Related Issues Raised During the Consultation

Several respondents referred to cementing the relationship between the HEMS and the regional Trauma Network (which is currently being established) as a vital factor in producing better outcomes and preventing friction between services *“as patient care is ultimately the priority”*. This relationship would facilitate *“collaborative working in major incidents to enhance triage and reduce the burden on receiving hospitals”*.

Many also referred to the benefits of HEMS, both as a tool in retaining emergency medicine and anaesthetic trainees in Northern Ireland, and as a means of promoting the spread of advanced trauma care skills throughout the ambulance service and trauma units when staff complete a secondment with the service.

Others suggested a further potential benefit as the enhancement of the existing BASICS service by possibly establishing a voluntary rota system to cover no-fly periods.

Although initially a daytime service, many respondents advocated future expansion of HEMS to become a 24-hour *“world class pre-hospital service”*. This could be staffed by doctors and paramedics, capable of responding primarily by helicopter, but also by road in a response car, bringing the same equipment and level of expertise whichever form of transport is used.

In relation to the training and continued availability of staff, it was suggested that emphasis be based on the Emergency Medicine and Anaesthetics training pathway in Northern Ireland to ensure that there are doctors with appropriate training to serve the HEMS and secure its longevity as a service. This can be achieved by completing the Acute Care Common Stem, or an alternative approach to this would be to provide a dedicated Pre-Hospital Emergency Medicine sub-speciality pathway under the auspices of The Intercollegiate Board for Training in Pre-hospital Emergency Medicine.

**4. DEPARTMENTAL RESPONSE TO THE CONSULTATION**

In general terms, respondents to the consultation welcomed the Minister’s announcement of 3rd September 2015, and were supportive of the proposals put forward by the Department in relation to how the service should operate. As outlined in Section 3, a number of issues and suggestions have been brought to our attention through this process. This section sets out the Department’s response and intended way forward in relation to each consultation theme.

Theme 1: Management and Funding Models

* One of the principal concerns raised throughout the consultation was in relation to sustaining a resilient HEMS service, specifically the need to avoid any risk of disruption to the service due to management failings or funding shortfalls once it is established. The Department concurs with the view expressed by many respondents that the HEMS should therefore be commissioned through NIAS, as this will provide the necessary safeguards in relation to the proper management and continuity of the service.
* Whilst we are aware of alternative operational models in other parts of the UK, whereby some HEMS services are operated by the voluntary sector working in conjunction with local emergency services, we believe that NIAS is uniquely placed to perform this role in Northern Ireland. As a regional Health and Social Care Trust which plans and delivers services for the population of Northern Ireland as a whole, it already holds significant data on the pattern of emergency response needs for the whole region. It also has the necessary infrastructure, and staff with experience in the receipt, triage and allocation of appropriate resources to emergency situations, as well as links to other emergency services who may be involved in such cases.
* Membership of AAA will afford the opportunity for the Northern Ireland HEMS to network with established services, benefit from their experience and expertise, and learn from best practice both in the UK and elsewhere. We believe that this will help the new service achieve a level of effectiveness and maturity within a shorter timeframe than would otherwise be possible. Like the vast majority of respondents, we are therefore supportive of the proposal to join AAA and be guided by its Framework Document in the development a deployment strategy, funding model and staffing model that are most appropriate to Northern Ireland’s requirements.
* As an initial step, the Department has asked that our commissioners (Health and Social Care Board and the Public Health Agency) now develop a service specification for the HEMS. They will take this forward through NIAS, the provider of the service, who will lead on implementation, membership of AAA, and development of a business case.
* Regarding the HEMS funding model, as previously indicated by the Minister, the Department believes that a robust source of funding will be essential in securing the confidence of both the public and the clinical community, particularly those who will provide staff and work in conjunction with the HEMS, but also the wider Health and Social Care sector who have expressed views in relation to the limited nature of public funds.
* The majority of respondents favoured a fully Executive-funded service – this is the model used for any newly commissioned service in the HSC. However, whilst this approach may provide most security in this regard, we also recognise the support indicated by many for charitable funding to be utilised where possible. We acknowledge that there appears to be an appetite among the public as well as the business community to contribute financially towards the running costs of the HEMS, as well as the potential benefit that this can bring in terms of minimising the impact on the public purse.
* Best practice from other UK HEMS/Air Ambulance services indicates a high degree of potential for charities to provide considerable funds from their local communities to fully support the non-medical costs of their operations. The Department views this as a model that the NI HEMS could aspire to, however we recognise that this would take considerable time to establish fully. Our overriding priority is to establish the service with the appropriate management and staffing structures and therefore envisage the need to provide government funding in the initial years of the service.
* Through the consultation, the recently established local charity *Air Ambulance Northern Ireland (AANI)* submitted its interest in becoming a charity partner to the NI HEMS. Further detail is provided in Section 5 below.
* Having considered the range of views put forward in relation to how the HEMS should be funded, the Department will now engage further with AANI in order to explore the potential for securing the required levels of funding through charitable donations.
* In this regard, we welcome the Chancellor of the Exchequer’s recent announcement of £4.5 million funding from the banking fines fund.

Theme 2: HEMS Service Configuration / Models of Care

* Respondents strongly advocated the introduction of a doctor-paramedic HEMS staffing model from the outset of the service. Notwithstanding the potential staffing practicalities that this may entail, the Department concurs with this view as it was clearly articulated as the model that will bring the most benefit to critically ill patients by bringing together the complementary skills of both doctor and paramedic. This benefit derives not just from the speed of transport, but also the advanced clinical interventions that such a service can provide over and above those offered by current ambulance paramedics.
* NIAS colleagues have advised that a version of this model is already used in Northern Ireland where voluntary BASICS[[7]](#footnote-7) doctors attend serious incidents alongside NIAS paramedics and technicians in order to deliver advanced interventions at the scene. At present there is no other cohort of doctors who are trained in and regularly deliver pre-hospital emergency care. However, in a fully functional HEMS service, the doctors would deliver the full range of critical care interventions and are therefore likely to be drawn from the specialties of emergency medicine and anaesthetics.
* The Department has therefore asked commissioners to design the HEMS service specification ultimately around a doctor-paramedic model. It is our expectation that the implementation plan will clearly indicate a timeframe for the adoption of the fully operational model at the earliest opportunity, as dedicated pre-hospital emergency medicine doctors become available.

Theme 3: Target Patient Groups

* The Department recognises the importance of good HEMS tasking by experienced dispatchers, and will look to the HEMS implementation team and to the CAG to develop a local HEMS deployment strategy, in line with best practice principles as advised by AAA and other established services.
* The Department also agrees generally with the rationale of tasking the HEMS at the outset to primary response cases, such as major trauma, and evolving at a pace to be advised by the CAG into secondary retrievals and potentially other time critical medical interventions.

Theme 4: Home Base Locations

* We have noted the weight of the representations we have received on this issue, and concur with the logic of choosing a location which offers the maximum clinical benefit the maximum number of patients. AAA advise that type and frequency of incidents which a HEMS is likely to be tasked to, be they primary or secondary responses, are directly linked to the distribution of the population, and this would suggest a base in a relatively central location in Northern Ireland.
* As suggested by the majority of respondents, Belfast International Airport offers the greatest potential benefit; both practically in terms of existing infrastructure, and geographically in terms of its proximity to the greatest number of potential HEMS missions, the Major Trauma Centre, the Northern Ireland Blood Transfusion Service, and a pool of physicians/paramedics from across the region who will staff HEMS rotas.
* We therefore aim to explore the available options for establishing a HEMS base at Belfast International Airport on this basis.
* There is potential for development of an operational partnership with the ROI’s EAS at a further stage of HEMS development. This would secure service coverage for the west of the island, with the potential of exploring the facilities at St Angelo Airport, Fermanagh, as a second staging base.

Theme 5: Collaboration with Other Services

* The Department shares the view expressed by respondents that, once established, the HEMS will need to continue to work collaboratively with other helicopter services, such as the PSNI’s Air Support Unit, the ROI’s EAS, and the Coastguard. Apart from the requirement for specific specialist responses e.g. the winching of staff to areas where an aircraft cannot land, deployment over water or night-time flying, the joint working between all of these services provides a degree of resilience to service provision in general.

**5. DEPARTMENAL RESPONSE TO EXPRESSIONS OF INTEREST FROM POTENTIAL HEMS CHARITY PARTNERS**

In his Statement of 3rd September 2015, the Minister said that he wished to explore the possibility of establishing a robust and recurrent charitable funding contribution to maintain a HEMS in Northern Ireland.

The Department therefore used the consultation as an opportunity to invite prospective charity organisations to express their interest in fulfilling a potential partnership role.

Voluntary organisations were asked to set out their proposed delivery model, including their proposed partnership with the HSC, and to provide:

* Confirmation of registered charity status;
* Details of charity leadership comprising individuals with a track record of successful charitable fundraising, or the potential to deliver this, and experience of working or participating in public/voluntary partnerships;
* A business plan which demonstrates:

- the ability to raise at least £1m funds annually and recurrently;

- an understanding of successful public/voluntary HEMS operational models, and the associated financing and procurement required to deliver the service;

- evidence of the ability to secure a community-based network of volunteers to support fundraising efforts.

Two expressions of interest were received, however, only one of these, from the registered charity *Air Ambulance Northern Ireland (AANI)*, demonstrated sufficient evidence in relation to the above criteria.

The Department has reviewed the documentation received from AANI including its proposals for establishing a structure and a strategy for developing a robust funding base. This includes the recruitment of a core team of fundraising staff and a volunteer network, and the establishment of revenue streams through a combination of corporate and public donations, legacies, a HEMS lottery and HEMS charity shops.

As indicated in Section 4 above, the Department acknowledges the public’s willingness to contribute financially towards a HEMS. We are also conscious that the ability to attract sufficient charitable funding to sustain the service over the long term remains untested, and we therefore intend to explore this potential arrangement further with the Trustees of AANI, along with our Arms Length Bodies and the Association of Air Ambulances.

**Appendix A**

**Summary of Consultees**

Four public engagement meetings were attended by a total of 61 people, including members of the public, clinicians and paramedics.

A separate meeting specifically for clinicians and paramedics was attended by 30 people.

A total of 158 written responses to the consultation were received, from the following broad categories of respondent:

* **105 responses from individuals/members of the public**
* **34 responses from health and social care professionals[[8]](#footnote-8)**
* **2 responses from potential HEMS charity partners**
* **17 responses from organisations (listed below)**
* Southern Local Medical Committee
* QUB Prehospital Care Society
* Fermanagh & Omagh District Council
* Mid & East Antrim Borough Council
* North Armagh Motorcycle & Car Club
* BASICS NI
* 2 & 4 Wheel Motorsport Steering Group Ltd
* Woodgate Aviation (NI) LTD
* Drumbeg Women's Institute
* College of Paramedics
* British Medical Association (BMA)
* Traditional Unionist Voice (TUV)
* Gibson Brothers
* International Guild of Senior Helicopter Retrievalists
* Welsh Emergency Medical Retrieval Service
* Northern Health and Social Care Trust
* Southern Health and Social Care Trust

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1. <http://www.niassembly.gov.uk/assembly-business/official-report/written-ministerial-statements/department-of-health-social-services-and-public-safety--northern-ireland-trauma-network-and-hems-public-consultation/> [↑](#footnote-ref-1)
2. <https://www.dhsspsni.gov.uk/consultations/consultation-key-issues-related-establishment-helicopter-emergency-medical-service> [↑](#footnote-ref-2)
3. <http://www.associationofairambulances.co.uk/> [↑](#footnote-ref-3)
4. <http://www.associationofairambulances.co.uk/framework/> [↑](#footnote-ref-4)
5. <https://www.dhsspsni.gov.uk/sites/default/files/consultations/dhssps/hems-consultation-document-appendices.pdf> [↑](#footnote-ref-5)
6. <https://www.dhsspsni.gov.uk/sites/default/files/consultations/dhssps/deloitte-hems-study.pdf> [↑](#footnote-ref-6)
7. BASICS: The British Association for Immediate Care is a charitable organisation whereby doctors trained specifically in and equipped for pre-hospital emergency care respond to incidents at the request of the local ambulance service on a purely voluntary basis. Around ten doctors undertake this work in Northern Ireland at present, most commonly involving serious road traffic collisions, farming and industrial accidents and multiple-casualty situations. [↑](#footnote-ref-7)
8. Not limited to Health and Social Care in the Northern Ireland context. [↑](#footnote-ref-8)