

Department of Health, Social Services and Public Safety

Consultation Document

**Establishing a Helicopter Emergency
Medical Service (HEMS) for Northern
Ireland**

*A public consultation to discuss the
key issues related to the
establishment of a HEMS for
Northern Ireland*

Date of issue: 23 November 2015

Action required: Responses by 22 January 2016

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Foreword by Simon Hamilton MLA Minister of Health, Social Services and Public Safety

In my Statement to the Northern Ireland Assembly on 3 September 2015 I announced my decision to invest in the development of both the Regional Trauma Network and a Helicopter Emergency Medical Service (HEMS) for Northern Ireland. I stated that I intended to launch a public consultation on the key issues related to the development of a HEMS; that process starts today with the publication of this consultation document. Alongside this consultation we are establishing the Northern Ireland Trauma Network, to be in place by Autumn 2016. This is a first key step in strengthening our trauma and medical emergency response services to be followed by the introduction of the HEMS.

As Minister of Health I have had the opportunity to hear at first hand from clinicians, members of the public and their representatives who have given the campaign for a HEMS support and momentum to bring it to the current stage. In June of this year I also had the privilege of meeting the late Dr John Hinds, who worked passionately for the enhancement of our major trauma services and the introduction of a HEMS so that more lives can be saved. The fact that over 80,000 people recently signed a petition backing the campaign is a testament to the efforts of all involved, and to the strength of support for making their vision a reality.

I share their belief that a HEMS will help to save lives. In particular, it will enhance the excellent services that our trauma clinicians, nurses, paramedics and support staff currently provide. However, before I make my final decision on how the service will operate, I want to ask the public for their views on some key issues, including:

- how the HEMS should be managed and funded;
- how it should be staffed;
- the main patient groups it should serve; and
- the most suitable home base location.

In doing so, I believe it is important that we provide the public with a full understanding of the background to the development of my Department's policy on

this subject, the previous studies that have been carried out, the terminology that is commonly used, the relationship between a HEMS and major trauma services, and how HEMS are operated in our neighbouring regions. This document therefore presents an overview of these issues, and a description of the proposals and available options for delivering a HEMS in Northern Ireland.

I am of the view that this is a necessary service development which will help to strengthen our emergency services. However, it will require significant investment to implement and operate, at a time when there are many other competing priorities and budget constraints faced by my Department. That is why I want to explore the possibility of securing a recurrent charitable contribution towards the running costs, as that will help to protect resources for other key health and social care services requiring investment.

I look forward to receiving your views. Please accept my thanks for participating in this consultation.

1. Introduction

This document has been published by the Department of Health, Social Services and Public Safety, referred to below as “the Department” or “DHSSPS”, in order to consult with the public, clinicians and other stakeholders about the key issues relating to the establishment of a Helicopter Emergency Medical Service (HEMS) for Northern Ireland. The key issues to be discussed and decided upon are: service configuration, target patient groups, home base location and possible funding models for the service.

In a Statement to the Northern Ireland Assembly on 3 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/>

We therefore invite the public and stakeholders to use this consultation exercise to send us their views on HEMS, particularly on the key issues outlined in this document. These will be given full consideration by the Department and will inform the advice given to the Minister before he makes his final decision regarding the service model to be adopted.

The consultation will run from 23 November 2015 until 22 January 2016. Information on how to submit your views to the Department is set out in **Section 5** below. A consultation response form is provided at **Annex A** – this is also available as a separate document to download from the Department’s website at <https://www.dhsspsni.gov.uk/consultations>. The form may help you in providing your

views on the most appropriate service model, but is not intended to limit your comments.

An explanation of the specific HEMS and Air Ambulance terminology used in this document is provided in **Section 2**.

The key issues for consultation (management and funding models, medical staffing models, target patient groups, home base location, and collaboration with other services), and the Department's proposals/options, are set out in **Section 3**.

In relation to the specific issue of funding the service, the Minister's 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 in health and social care. The Department therefore proposes to use this consultation as an opportunity to invite prospective voluntary sector organisations to express their interest in fulfilling this role. In doing so, they are asked to set out their proposed delivery model and provide supporting information, as described on **page 8**.

The appendices to this document have been included to provide consultees with an understanding of the current context within which the consultation is 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 Police and Coastguard;
- an overview of HEMS provision in Great Britain and the Republic of Ireland;
- a glossary of common abbreviations and acronyms.

2. Terminology: HEMS and AA

There can be confusion over the terms Helicopter Emergency Medical Service (HEMS) and Air Ambulance (AA) used to describe this service. This section aims to provide clarity over the use of these terms in order to facilitate discussion and responses to the consultation questions in Annex A.

A HEMS flight is a mission carried out by a helicopter operating under a formal HEMS approval and aims to facilitate emergency medical assistance where immediate and rapid transportation is essential, by carrying:

- medical personnel; and/or
- medical supplies (equipment, blood, organs, drugs); and/or
- ill or injured persons and other persons directly involved.

Response to a HEMS mission is solely based on the clinical condition of the patient(s).

An Air Ambulance mission is one where the aircraft is used as an extension of the Ambulance Service's land vehicles for the transfer of patients from / to hospital.

According to aviation regulations¹, helicopters providing medical services can be deployed either as HEMS or Air Ambulances. There are generally three types of helicopter response:

- Primary Response – helicopter transport of medical personnel and equipment direct to a scene of an incident and rapid transport of an unstable casualty to the nearest appropriate hospital; ***Only Primary Response cases fall wholly within the HEMS definition and specific guidelines exist for these missions.***
- Secondary Response – dispatch of a helicopter to a designated site to meet a road ambulance coming either from an incident or from a hospital and rapid onward transport of the patient by helicopter to a hospital. ***Secondary***

¹ Detailed in the Joint Aviation Authority (JAA) regulations JAR-Ops 3

Responses may relate to inter-hospital transfers (i.e. Air Ambulance cases) or intervention in a primary response (i.e. HEMS case).

- Tertiary Response – planned urgent and rapid transfers of critically ill patients requiring specialised care between hospitals either within Northern Ireland, or to a hospital outside Northern Ireland (also referred to as inter hospital transfers).
Tertiary Responses are defined as Air Ambulance cases and operate under different guidelines, often using fixed-wing planes rather than helicopters.

3. Options and Proposals for the Northern Ireland HEMS

This section describes options and proposals for the Northern Ireland HEMS in order to inform discussion and responses to the consultation questions at Annex A. These are grouped under the main themes on which Ministerial decisions will be taken following the consultation, as follows:

- **HEMS Management and Funding models**
- **Service Configuration / Models of Care**
- **Target Patient Groups**
- **Home Base Location**
- **Collaboration with other services**

Respondents are invited to provide views on these options and proposals, or to put forward alternative proposals and supporting evidence, using the consultation questionnaire at Annex A.

NB. A 2012 Feasibility Study² commissioned by the Health and Social Care Board considered a number of delivery options for the future configuration of a HEMS for Northern Ireland, including various profiles for medical staffing and operating hours, and analyses of potential demand and effectiveness.

² Feasibility Study on the Provision of a Helicopter Emergency Medical Service / Air Ambulance for Northern Ireland, 2012 (conducted by Deloitte), available on the DHSSPS consultation page at: <https://www.dhsspsni.gov.uk/consultations>

3.1 Management and Funding models

Management of the Service

The majority of HEMS in England and Wales are operated and funded by voluntary sector organisations within a partnership arrangement with the NHS. The Scottish model is publicly funded and operated as is the model in the Republic of Ireland.

The [Association of Air Ambulances](#)³ (AAA), a representative body for UK HEMS/AA services established in 2007, has produced a [Framework Document](#) that serves as a basis for member organisations to consistently develop services, by providing guidance on governance, the legal and regulatory environment, clinical standards, operational management, dispatch of aircraft, staffing and training. It does not advocate any particular management or financial model as it recognises the different regional needs of its member organisations.

AAA recommends that each HEMS should have a Clinical Advisory Group (CAG) with a defined structure, nominated chair and Medical Director. The CAG would be responsible for advising on all clinical matters related to the service.

In establishing the Northern Ireland HEMS we have the benefit of learning from the experience of others in order to tailor the Northern Ireland model to best fit our existing health and social care system. Health and Social Care (referred to as “the HSC”) in Northern Ireland provides an integrated model of care providing local services as required and regional services to reflect our population size and need. While HSC services in Northern Ireland are almost wholly publicly funded, the Department regards the introduction of the HEMS as an opportunity for the voluntary sector to play a vital role in contributing to the funding and delivery of this service in a way that would minimise the potential financial impact on other key health and social care services.

However, the key principle for the service will be that decisions about the treatment and care of patients, including their transportation, are the responsibility of the HSC. Within

³ <http://www.associationofairambulances.co.uk/>

this context the Department wishes to explore the opportunity to develop the service with a voluntary sector partner similar to the models operating in England.

Irrespective of whether the eventual model for this service will be wholly publicly funded and operated, or delivered in partnership with the voluntary sector, the lead HSC body for delivering this service will be the Northern Ireland Ambulance Service Trust.

Proposals for the HEMS Management Model

Based on the above, views are sought in the consultation questionnaire at Annex A on the following proposals regarding the management of the HEMS:

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.

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).

Funding and Operational Model for the Service

Development of a dedicated HEMS will involve both initial capital investment and annual recurrent expenditure. Start-up costs (capital infrastructure upgrades and staff training) were estimated in the 2012 Feasibility Study in the region of £2.1m. Annual running cost estimates (staff costs, operating costs, helicopter lease and aircrew, administration, fundraising), based on a daylight hours model, ranged from £1.40m-£1.46m. Allowing for inflationary uplifts to 2015 costs would give a current estimate of £1.8m.⁴

⁴ These costs are indicative at present. They are dependent on decisions to be taken following this consultation, and will be subject to further analysis, inflationary uplifts and business case approval.

In his Statement of 3 September 2015, the Minister highlighted the need to explore the possibility of establishing a robust and recurrent charitable funding contribution to maintain a HEMS in Northern Ireland. A potential public/voluntary partnership model would envisage the voluntary sector and procuring, providing funding for, a helicopter service provider to provide an aircraft and operate it with trained aircrew. The tasking of the aircraft and the staffing, training and deployment of medical staff would be the responsibility of the HSC. The detail of such a model would be set out in a partnership agreement between NIAS and the voluntary organisation.

The Department is therefore using this consultation as an opportunity to invite prospective charity organisations to express their interest in fulfilling this partnership role, by replying to the supplementary question at the end of the consultation questionnaire. In doing so, they are asked to set out their proposed delivery model, including their proposed partnership with the HSC, and provide the following information:

- 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.

Submissions containing the above will be considered and followed up with a formal selection process to select a voluntary partner. This process will comply with all necessary statutory and regulatory requirements and will be subject to business case approval.

Options for the HEMS Funding and Operational Model

The consultation questionnaire at Annex A seeks views on the preferred funding options which have been identified for the Northern Ireland HEMS as follows:

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.

3.2 HEMS Service Configuration / Models of Care

Medical Staffing

HEMS/AA medical teams can be led by either paramedics or physicians⁵. The AAA [Framework Document](#)⁶ recommends that:

The staffing of the HEMS crew should be guided by predicted regional medical requirements, and operations should be designed around serving those patients who will benefit from helicopter services. If the predominant need is acute retrievals and critical transfers then the trauma team who can provide the requisite skills should be recruited or trained. If the predominant need is primary trauma care, then whichever clinicians can best care for that patient group should be selected or trained.

Different staffing models on the helicopters have therefore evolved in other parts of the UK. The main staffing models are:

- **Paramedic Model** - State-registered paramedics operating within Joint Royal Colleges Ambulance Service Liaison Committee (JRCALC) guidelines complemented by local Patient Group Directives (PGDs).
- **Critical Care Paramedic (CCP) Model** - Enhanced care can be delivered by this model to include advanced analgesia and interventions.
- **Paramedic/CCP & Physician Model** - this provides further levels of clinical expertise for major trauma and medical patients.

Paramedic-led Service

The introduction of air ambulances in parts of the UK in 1987 was a major development in getting to, and treating, patients quickly. Since then, paramedic practice has evolved,

⁵ N.B. Guidelines on aircraft operating crew have been developed by the Joint Aviation Authority, and are not the subject of this consultation.

⁶ <http://www.associationofairambulances.co.uk/resources/events/AOAA-Framework%202013-OCT13-%20Final%20Document.pdf>

through third level education, the introduction of paramedic registration and national guidelines. In addition, pre-hospital emergency care is now also recognised as a sub-speciality by the General Medical Council. Health and Care Professions Council (HCPC) registered paramedics offer a wealth of current pre-hospital experience supported by underpinning education. In addition to their practical skills, HEMS paramedics have a vast array of non-technical skills including logistics; communication and leadership.

HEMS paramedics will be responsible for the dispatch of the HEMS service ensuring accurate triage and appropriate dispatch to high acuity calls. In addition to pre-defined dispatch criteria, they will use their clinical knowledge to interrogate 999 emergency calls in order to ascertain if the HEMS team is required. The HEMS paramedic who operates the dispatch desk will also be responsible for offering clinical telephone advice to other clinicians on scene to assist with the appropriate treatment of critically ill patients.

They are the natural link between the HEMS team, ambulance crews and other emergency services. Their primary role is that of scene management and scene safety, working jointly with a HEMS doctor, where present, and complimenting each other's skill sets. Using Crew Resource Management (CRM) skills, they will ensure that simultaneous activity takes place; patient care is expedited and the most appropriate triage decision is made.

HEMS paramedics are an integral part of the HEMS team and work jointly with the doctor when undertaking advanced clinical procedures e.g. advanced airway management. The HEMS paramedic will also have a comprehensive understanding of major incident Medical Management and Support (MIMMS) procedures. During a major incident the HEMS paramedic assists the doctor with their role as incident commander. As the incident develops, the HEMS paramedic will be required to undertake a Bronze role to ensure that the most appropriate treatment and triage decisions are made. The HEMS paramedic is able to act autonomously at incidents with multiple patients. They have the ability to administer drugs which are currently outside the normal paramedic scope of practice e.g. ketamine.

For patients requiring a secondary response, i.e. inter hospital transfer, the HEMS paramedic has a comprehensive knowledge of intensive care unit (ICU) equipment and procedures including the maintenance of sedation and anaesthesia.

HEMS paramedics will work with the doctor regarding patient follow up; clinical audit / governance and peer review, in order to ensure continuing high standards of patient care.

Physician-led Service

The recognition that many patients require a higher level of clinical care at the point of illness or injury has resulted in many UK Air Ambulance Services evolving towards utilising the services of doctors experienced in pre-hospital care, by employing a team approach with both a doctor and specialist paramedic. As the doctors are a continuum of the hospital system, essentially this doctor led team brings the skills and experience of the Emergency Department (ED) to the roadside. The HEMS doctor can carry out life and limb saving interventions and advanced therapeutics (e.g. thoracotomy and blood transfusion). The HEMS doctor can also use additional diagnostic tools (e.g. ultrasound to diagnose internal bleeding). These procedures can only be undertaken by the doctor as HEMS paramedics are currently unable to perform them. The skillset of the HEMS doctor means that these interventions can be undertaken without prolonging on scene time. The HEMS doctor, as lead clinician, brings critical clinical decision making skills to the scene, for example transporting a critically ill poly trauma patient directly to the Operating Theatre rather than to the ED.

The HEMS doctor will also take on the role of incident commander at any major incident. The doctor will have overall control of the scene and provide instructions regarding patient treatment and triage decisions.

Operating Hours

Current practice across most established HEMS services is to operate during daylight hours. Until recently, HEMS operating hours have been restricted by the Civil Aviation

Authority (CAA) in terms of both pilot duty hours and official daylight hours. Pilots' hours are strictly regulated, governed and monitored. HEMS pilots are limited to 60 hours per seven days. In summer, when a pilot may exceed his hours during a HEMS call, they must reclaim the time during the next shift to maintain overall compliance.

In addition to pilots' duty hours, HEMS operating times are usually governed by official daylight; however flying at night can be approved, but only if an aircraft lifts from and lands upon a 'class one landing site', such as a secure airfield, airport, or a night-lit, approved hospital helicopter pad. On HEMS operations it is highly unlikely that any primary HEMS mission landing at an incident will be on a designated class one site.

At its inception, it is envisaged that the Northern Ireland HEMS would be established as a daylight hours service, with the possibility of evolving remaining open depending on future requirements and feasibility. The same operating hours would be common to both staffing options identified above.

Costs of Paramedic and Physician Service Models

Irrespective of the funding model eventually adopted (see Section 3.1), the medical staffing costs would be publicly funded, as staff would be employed by HSC Trusts. The table below summarises the 2012 Feasibility Study estimated annual staff costs of both models, based on a daylight hours service. However, these cost estimations are subject to further analysis, inflationary uplifts and business case approval.

HEMS Medical Staffing Model	Annual cost (2012)
Staff costs – 2 paramedic crew ⁷	£353,870
Staff costs – 1 paramedic ⁸ & 1 doctor crew	£415,247

⁷ Based on a requirement of 6 paramedics to provide a 12 hour / 7 day service

⁸ Based on a requirement of 3 paramedics to provide a 12 hour / 7 day service

Options for the Northern Ireland HEMS Service Configuration

Based on the above, the consultation questionnaire at Annex A seeks views on the preferred service configuration options which have been identified for the Northern Ireland HEMS as follows:

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.

3.3 Target Patient Groups

Section 2 (page 5) describes the different types of response – primary, secondary and tertiary – for which a HEMS can be typically deployed.

The AAA [Framework Document](#) states:

HEMS success is dependent upon finding the right jobs, arriving in a timely manner and delivering advanced interventions to the patients before transporting them to the most appropriate hospital.

Helicopters are an expensive resource and their use is not without risk. Whichever tasking system is in operation some decision has to be made, either in the control room for primary responses or at the scene for secondary responses, about which incidents HEMS should be dispatched to. This requires some form of call selection to identify calls that may benefit from a HEMS response and therefore appropriate deployment.

Whilst there are no definitive guidelines nationally for call selection and HEMS tasking, a variety of criteria have been proposed by AAA to guide local HEMS services in developing their own deployment strategies, by adhering to the following basic principles:

- the purpose of aero medical emergency transfer is to provide better initial patient care and transport than available alternatives;
- air response is only justified where the speed of transport, skill of the medical team and/or ability of the helicopter to overcome environmental obstacles contribute to improved patient outcome;
- in trauma, helicopter deployment is not justified if it does not significantly reduce the time between injury and the patient arriving at an appropriate hospital unless the response delivers additional medical expertise or equipment to the scene.

Primary Response Group

Major trauma is widely regarded as the medical specialty likely to derive most benefit from the introduction of a HEMS (see Appendix 1 for more detail on the establishment of the Northern Ireland Major Trauma Network). It is estimated that up to 540 major trauma cases occur annually in Northern Ireland, however the number of times a major trauma response is activated by the emergency services is in fact much higher, estimated at up to 1800 cases per year. Whilst not all major trauma activations would necessitate a HEMS response, it is envisaged that these would represent a significant proportion of the primary response cases to which a HEMS would be tasked. Other primary HEMS responses would include (but are not limited to) cases such as cardiac, stroke, burns and paediatric emergencies in which rapid transfer and/or specialist care is required.

The advantages of HEMS in primary response situations include:

- allows a rapid and direct approach to the scene;
- delivers a highly trained team providing emergency enhanced care at the scene;
- ability for the team to recognise, stabilise and optimise treatment of complex evolving patho-physiological effects across all age ranges (e.g. an agitated child with a severe head injury, a flail chest, ruptured spleen and multiple long-bone fractures or an elderly patient with severe burns to head and body);
- enhances the accurate and appropriate triage of patients and scene management decisions;
- continues seamless care from point of injury to the most appropriate receiving hospital;
- allows for safe and controlled in-transit care of critically ill patients;
- ensures appropriate handover and liaison both before and on arrival at hospital;
- rapid turnaround times at hospital;
- the ability to rapidly return to normal working geographical area after transfer to a specialist facility.

Secondary Response Group

Air Ambulance Services do not restrict their activity to solely responding to emergency incidents in the pre-hospital setting. In secondary transfers, HEMS provides a subsequent transfer for patients who require specialist care, who were delivered initially to a local emergency department by a road crew. The transfer is undertaken in order to expedite their ongoing care to a specialist unit such as a cardiac, stroke, burns, spinal injuries or paediatric centre, whereby rapid transfer and/or specialist care is required.

Proposals for Target Patient Groups

Based on the above, the consultation questionnaire at Annex A seeks views on the following proposals regarding the patient groups that should be targeted by a HEMS:

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.

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.

3.4 Home Base Location

The most appropriate home base location for a HEMS will be influenced by the preferred medical staffing model and the principal groups of patients likely to be targeted by the service.

NIAS estimates that the majority of destinations in Northern Ireland would be reached within a 30 minute flight time, regardless of home base location. It is important to note, however, that overall response times would be affected by other factors which will be common to all possible locations, such as time to mobilise the aircraft, weather conditions etc.

The new Critical Care Building at the Royal Victoria Hospital (RVH), constructed at a total cost of £151.7m, houses the Regional Major Trauma Centre (MTC) for Northern Ireland. This is supported by Major Trauma Units (MTU) located throughout Northern Ireland within a 'hub and spoke' network. Further detail on the establishment of the Major Trauma Network is provided in Appendix 1.

If a physician-led model is to be adopted (as in Option 2b), it is likely that the physicians will be drawn from the staff of the MTC or MTUs on a rotational basis. It could be argued, given that the majority of the Primary Response Group Patients are likely to be transferred to the MTC at the RVH for treatment, that it would seem appropriate for the HEMS to operate from a home base in that area. This would allow it to be located close to these services.

However, it could also be argued that a base located outside of the greater Belfast area could effectively deploy a HEMS across the region, particularly if the Trauma Network were to put in place appropriate arrangements for the medical staffing model which would deliver the same level of effectiveness as a Belfast base.

Therefore, the Department will consider alternative proposals that would provide a clinically effective location for a home base compared with a base in the greater Belfast

area and demonstrate clear value for money given the recent significant investment in the MTC.

Proposal for Home Base Location

The consultation questionnaire at Annex A seeks views on the most appropriate home base location for the HEMS:

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.

3.5 Collaboration with other services

Once a HEMS has been established in Northern Ireland it would be desirable to establish/maintain links with other helicopter services in order to ensure coverage and continuity of service. An overview of these services, and how they are currently accessed by NIAS, is provided in Appendices 2 and 3.

For example, the AAA recommends that bad weather contingency support arrangements should be made with Police Air Support Units (ASUs), most of whom have a stretcher-fit modification and the ability to assist in out-of-hours primary HEMS transfers at the request of the ambulance service. Further capability may be offered by regionally-based Search and Rescue (SAR) helicopters, coordinated by the Coastguard.

Many UK Air Ambulance Services have mutual aid agreements to ensure that cross-regional coverage for incidents with multiple patients or paramedic-only crews requiring medical support is available. Similarly, NIAS has arrangements in place with the National Ambulance Service (NAS) and the Emergency Aeromedical Support Service (EAS) in the Republic of Ireland that allow cross-jurisdictional ground and air responses to be coordinated in the most appropriate way.

Mutual agreements can also increase the number of airborne assets that can be mobilised in the event of a major incident.

SAR aircraft are essential for search and rescue, and are often staffed by aircrew that hold State Registered Paramedic status; however once a patient has been found and removed to a safe position, transfer to experienced fully qualified medical staff is advised. SAR aircraft may be available when the weather dictates that normal HEMS aircraft are unable to operate. Similarly, an incident occurring at night, or when temperature levels are conducive to ice formation on the leading edge of the rotors, may threaten HEMS aircraft but not necessarily SAR helicopters.

Proposal for Collaboration with other services

In line with the above, the consultation questionnaire at Annex A seeks views on the following proposal:

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.

4. Equality Screening

Human Rights and Equality Implications

Section 75 of the Northern Ireland Act 1998 requires Departments in carrying out their functions relating to Northern Ireland to have due regard to the need to promote equality of opportunity:

- between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- between men and women generally;
- between persons with a disability and those without; and
- between persons with dependants and those without.

In addition, without prejudice to the above obligation, Departments should also, in carrying out their functions relating to Northern Ireland, have due regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group. Departments also have a statutory duty to ensure that their decisions and actions are compatible with the European Convention on Human Rights and to act in accordance with these rights.

DHSSPS has carried out a preliminary screening of the policy decision to introduce a HEMS, with the final model to be informed by this public consultation, and as part of this screening process has concluded at this stage that an Equality Impact Assessment is not necessary.

Human Rights

Article 8 of the European Convention on Human Rights guarantees a right to privacy which can only be interfered with when it is necessary to meet specified legitimate needs. The Department recognises that any use of patient information for the HEMS will only be considered in prescribed conditions, and in circumstances which clearly have a legitimate need.

Privacy

The Department acknowledges that any use of patient information for the HEMS will be within required safeguards and the control of access should therefore mitigate the concerns and risks involved.

Rural Proofing

Patients who reside in rural areas are likely to benefit from the HEMS in terms of access to services.

Health Impact

It is considered that the introduction of a HEMS would have a positive impact on the health of patients for whom it is tasked to respond to, in particular major trauma patients who would be considered the group likely to derive most benefit from the service. Evidence from other regions and countries using HEMS (endorsed by local trauma experts) suggests that mortality and morbidity outcomes are significantly improved by providing specialist medical treatment at the scene of an incident.

Sustainable Development

It is considered that there are no negative impacts on sustainable development opportunities.

Regulatory Impact Assessment

The Department does not consider that a Regulatory Impact Assessment is required as the development of a HEMS service does not have any significant new impact on local business. Better health outcomes for trauma patients may, in the longer term, result in added social and economic benefits.

Freedom of Information Act 2000 – Confidentiality of Consultation Responses

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances.

Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation. The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or be treated as confidential. This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- The Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;
- The Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature; and
- Acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see website: <https://ico.org.uk/>).

5. How to provide your views on the establishment of a HEMS for Northern Ireland

We should be grateful for your views to help the Department finalise its policy on the future configuration the HEMS for Northern Ireland.

The questions in the Response Form in Annex A attached may help you in providing your views on the most appropriate service model, but are not intended to limit your comments.

How to Respond

Please use the Response Form at Annex A in this document (also available to download in Microsoft Word format from our website at www.dhsspsni.gov.uk/index/consultations/current_consultations.htm) and send your completed responses by 5.00pm on Friday 22 January 2015 to:

Email: hemsconsultation@dhsspsni.gov.uk

Hard Copy: HEMS Consultation
Department of Health, Social Services and Public Safety
Room 1
Annex 1
Stormont Estate
Belfast
BT4 3SQ

Further Information and Related Documents

Large print, Braille and alternative language versions of this document are available on request to the above email address or postal address.

If you have any questions please contact ryan.wilson@dhsspsni.gov.uk.

Thank you for your assistance.

**Consultation on the key issues related to the establishment of a HEMS
for Northern Ireland**

CONSULTATION RESPONSE FORM

I am responding:

As an individual _____

As a health and social care professional _____

On behalf of an organisation _____

As a potential HEMS charity partner _____
(NB. Please complete additional sections on
final page of questionnaire)

(please tick one option)

About you or your organisation:

Name:	
Job Title:	
Organisation:	
Address:	
Tel:	
E-mail:	

Consultation Questions related to options described in Section 3 above

Management and Funding models

Management of the Service

Views are sought on Proposals 1 & 2 regarding the management of the HEMS:

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.

Question 1. Do you agree with Proposal 1?

Yes _____

No _____

If 'no' please feel free to comment below, providing evidence to support any alternative proposal:

If 'yes' please feel free to comment further below:

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).

Question 2. Do you agree with Proposal 2?

Yes _____

No _____

If 'no' please feel free to comment below, providing evidence to support any alternative commissioning and management model:

If 'yes' please feel free to comment further below:

Funding and Operational Model for the Service

Views are sought on Options 1a and 1b regarding the funding of the HEMS:

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, provide a recurrent source of charitable funding, and minimise impact on other health and social care services

Question 3. Which funding option would you prefer to see implemented?

*Option 1a _____

*Option 1b _____

* Please tick your preferred option

Please use the space below to provide any comments in support of your preference:

HEMS Service Configuration / Models of Care

The Department has identified the following service configuration options for the Northern Ireland HEMS:

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.

Question 4. Which service configuration option would you prefer to see implemented?

*Option 2a _____

*Option 2b _____

* Please tick your preferred option

Please use the space below to provide any comments in support of your preference:

Target Patient Groups

Views are sought on Proposals 1& 2 which relate to the deployment of the HEMS for various 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.

Question 5. Do you agree with this proposal?

Yes _____

No _____

If 'no' please feel free to comment below, providing evidence to support any alternative proposal:

If 'yes' please comment on how you think this might work best:

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.

Question 6. Do you agree with this proposal?

Yes _____

No _____

If 'no' please feel free to comment below, providing evidence to support any alternative proposal:

If 'yes' please comment on how you think this might work best:

Home Base Locations

Views are sought on Proposal 3 regarding the HEMS home base location:

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.

Question 7. Please provide your response in the space provided below:

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.

Question 8. Do you agree with the proposal?

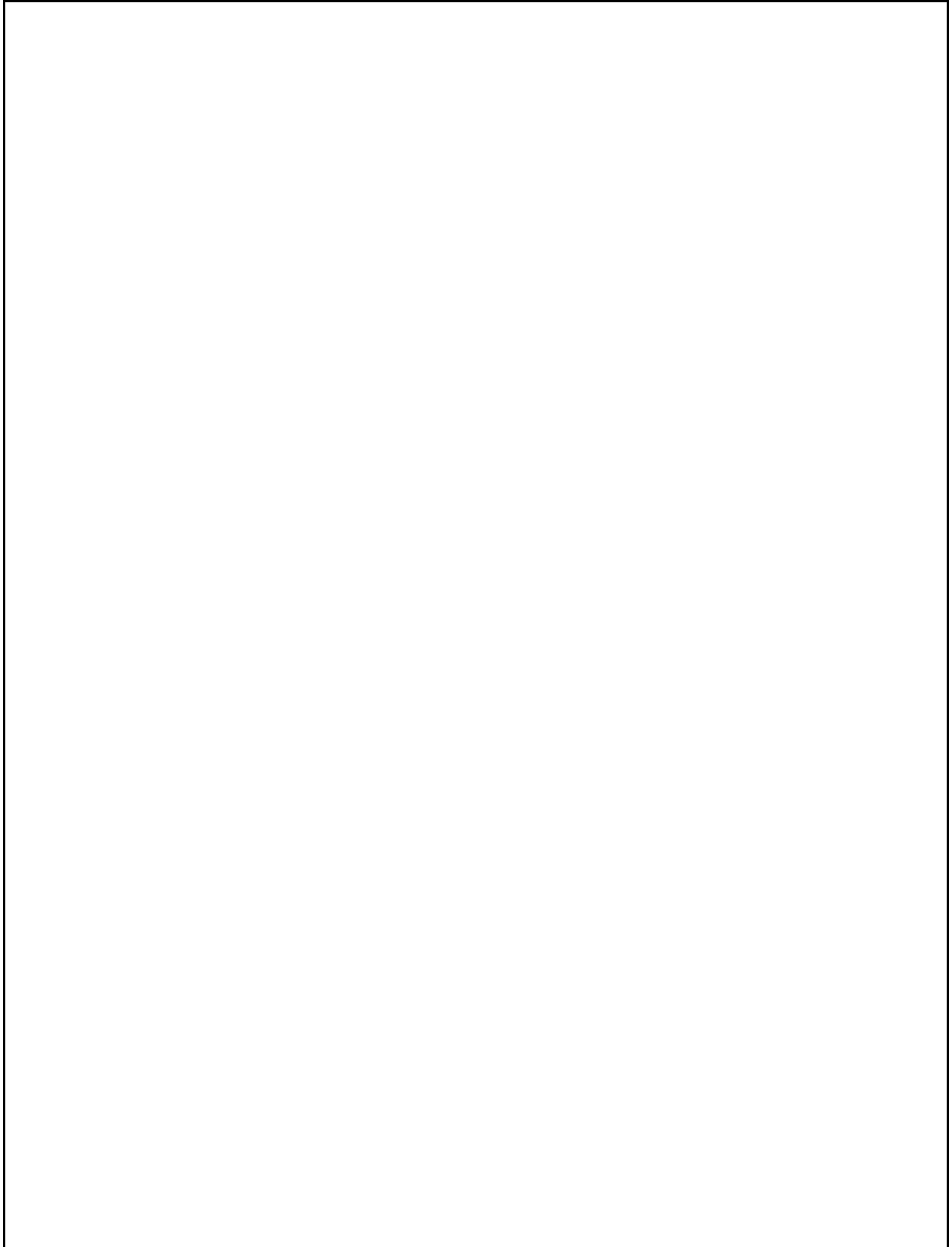
Yes _____

No _____

If 'no' please feel free to comment below, providing evidence to support any alternative proposal:

If 'yes' please feel free to comment further below:

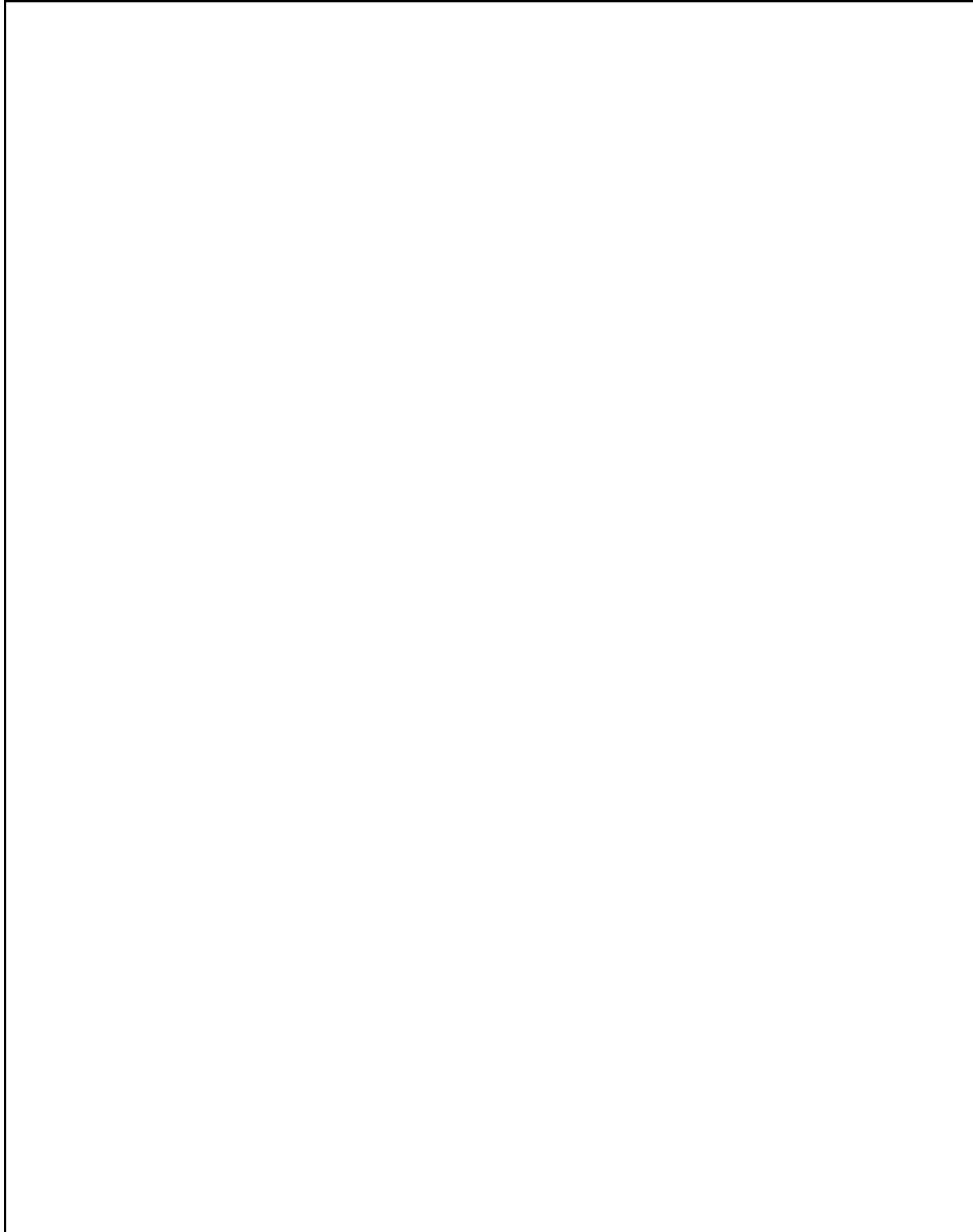
Please use the text box below to provide any additional comments you wish to provide regarding the introduction of a HEMS for Northern Ireland:

A large, empty rectangular box with a solid black border, intended for providing additional comments. The box is currently blank.

NB. This section should only be completed by prospective charity partners.

The Department is using this consultation as an opportunity to invite prospective charity organisations to express their interest in fulfilling a partnership role, as described in section 3.1. Voluntary organisations are asked to use the space below to set out their proposed delivery model, including their proposed partnership with the HSC, and to provide the following information:

- 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.



Submissions containing the above will be considered and followed up with a formal selection process to select a voluntary partner. This process will comply with all necessary statutory and regulatory requirements and will be subject to business case approval.