UK health officials study flying ambulance

BIRMINGHAM

Hundreds of thousands of pounds could be saved by UK ambulance services every year if an aircraft were used to transfer patients over long distances. Local health authorities currently use ground units to transport long-distance patients, and they almost always return empty and very often having to be away overnight.

The savings estimate was made by Laurie Caple, UK Northern Regional Health Authority regional ambulance officer, at a symposium in Birmingham to consider the cost-effectiveness of long-distance patient transport. It was attended by ambulance officials from all corners of Britain—Kent, Devon, Cornwall, South Glamorgan, Northumbria, and Tayside.

A scheme running in Cornwall for three years has carried some 200 patients, county chief ambulance officer Len Holden tells Flight. His service has a standing contract with Exeter-based Wessex Air Charter to use a Piper Navajo every Tuesday and Thursday.

Holden cites October 28 as an example of a day when great savings could have been made. Ambulances travelled to Cornwall from London, Lancashire, and Norfolk to collect or deliver patients. This meant that three ambulances and three two-man crews were unavailable to their "home" services for two days, and all three crews required overnight hotel accommodation. An aircraft could have transferred the patients in a single round trip.

Holden calls for a co-ordinated UK service dedicated to long-distance patient transfer. He envisages an aircraft offering dedicated equipment and services, fully utilised to reduce costs to subscribing health authorities, and offering improved recovery prospects to the patient returned comforta­bly to their home localities.

The service would move those severely handicapped by recent injury or illness, the critically ill, and immobile patients who faced long recovery periods. He points out that the service could also be used to relieve pressure on an authority's bed space. (Late last month the Cornwall Ambulance Service used an RAF Puma helicopter at a cost of £3,600 to transfer two patients to release beds for others.)

Holden argues that, when all costs are considered, the price of long-distance transfer by air can equate with that of ambulances, while releasing ground units to other jobs. There is, of course, no competition in speed. The key to reduced cost lies in utilisation. "If I have to fly a patient to Scotland, surely there's someone up there who needs to come back, even if we return to Cornwall via Kent?"

Capt David Williams of Wessex Air Charter emphasises the need for utilisation, but he points out that currently very few people know that even one ambulance service regularly uses aircraft. Communications have always been a problem between health authorities, says Barry Johns, West Midlands regional chief ambulance officer.

Ian Thackeray, commercial director of Air Furness, based in north-west England, says that authorities should think not of aircraft utilisation but of patient costs: the more patient-flights that are made, the less each patient costs.

Assuming a co-ordinated national system, mobile patients, and fully qualified attendants provided by the operator, Thackeray cites a possible day's work for a Manchester-based aircraft (see map). Two patients need to go from Shrewsbury to Ramsgate, one from Peterborough to the Isle of Wight, and two from Truro—one to Blackpool and one to Belfast.

After positioning to Halfpenny Green, the aircraft would depart at, say, 0900hr for Manston Airfield with the two Ramsgate patients. En route, the Peterborough patient would be picked up at 0945/1000hr, the aircraft reaching Manston at 1100hr. The Isle of Wight patient would be set down at Bembridge at 1215hr before the aircraft dead-headed to Truro, arriving 15 hr later. Leaving Cornwall at 1400hr, one patient would disembark at Blackpool at 1600hr and the other at Belfast at 1715hr.

Sample costs using an Islander are given by Thackeray: two patients Shrewsbury-Ramsgate (2hr) £550; one patient Peterborough-IoW (2½hr) £575; one patient Truro-Blackpool (2hr) and one Truro-Belfast (3½hr) £1,050. He acknowledges the need for detailed discussions before a satisfactory formula could be devised to apportion costs to participating ambulance services for such a flight.

To provide a basis for costing, Air Furness, which has little experience of ambulance flights "in anger", suggests the establishment of a ghost operation over three months to test the viability of dedicated ambulance aircraft for long-distance patient transfer. This would require the co-operation of ambulance services throughout the country, but would cost them nothing.

Air Furness would analyse the day-to-day needs and task the ghost aircraft to prove the principle, provide genuine costing, identify "hugs", and indicate work load. Wessex Air Charter's records of three years' operation for Cornwall could provide a basis for initial predictions. Alternatively, historic ambulance-service records could be used.

Ambulance officials feel that the National Health Service should do the analysis, because this would avoid identification with particular operators. They acknowledge the need for patient comfort and enhanced quality of service to be emphasised in promoting the idea.

West Midlands' Barry Johns says that it is time for the talking to stop, and for the endorsement of improved-patient-care. Len Holden is well aware that aircraft might appear to be expensive ambulances. "When auditors point out that I spent (say) £34,000 last year on aircraft, they are not thinking of the patients, but I am."