Brian Burns

9 December 2016

Open Letter to Minister of Health, Mrs. Michelle O’Neill MLA, Northern Ireland Executive.

Dear Minister,

We are a group of prehospital specialists from Helicopter Emergency Medical Services (HEMS) around the world. We, like many others have been following closely the development of a HEMS in Northern Ireland, a project which had been led by the late Dr. John Hinds.

Following public consultation, on March 21st 2016, the previous Health Minister Mr. Simon Hamilton stated: “We will now develop a service specification for a daylight hours Helicopter Emergency Medical Service, which is physician-led but also supported by paramedics.”

Northern Ireland is in a strong position in that it has doctors who have already gained valuable experience from working in HEMS in UK and Australia. They are ready to staff this Service. Once this Service is up and running many other medical specialists working in HEMS will bring their expertise back home to N.Ireland and improve recruitment to understaffed Emergency Departments. This model has been shown to be successful in Wales. In addition we understand that the current NI paramedic HEMS experience in this high acuity and high consequence environment is limited.

We are aware that the government has appointed the charity Air Ambulance Northern Ireland to operate the aviation aspect of the new Service. We wish them well in this endeavour.

We are concerned to read your response to a question as to the staffing model posed by Mr. Jim Allister MLA, as to whether this will be doctor-led and staffed (AQO 758/16-21 - Air Ambulance):

“That planning is drawing to a close and I intend to make a further announcement about the implementation of the service – including the initial staffing model - before the end of the year.

“As I have previously stated, ultimately there will be a doctor and paramedic on board the aircraft, as this 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 model can provide, and indeed appears to be the model that most established HEMS services in other regions are moving towards.

“My overriding priority will be to ensure that the service is robust and safe from the outset.”
The words underlined above imply that there may be an initial paramedic (without doctor) model. Currently, all UK 35 air ambulances are physician-staffed or are planning to move to that model. In the UK, Europe, Eastern Europe, Asia, most of Australasia this model is the standard for HEMS. Recently the UK National Institute for Health and Care Excellence (NICE) published a benchmark guideline entitled: Major trauma: assessment and initial management. The life and limb-saving prehospital interventions listed in this guideline cannot be provided in N.Ireland outside of a physician-staffed model. Examples include and are not limited to prehospital blood transfusion to a bleeding patient, safe general anaesthetic in severe head injury and advanced trauma resuscitation including surgical interventions.

We fear the proposed service will not be capable of providing the best life-saving care possible to the people of Northern Ireland from the outset if a doctor is not on board the helicopter. Placing a combative, agitated, head injured or bleeding patient in a helicopter without a general anaesthetic is unsafe, both to the patient and the crew. The ‘Golden Hour’ is then lost as these patients will have to be transported on lengthy journeys by road to the trauma centre. Sedating head injured patients without a general anaesthetic is a ‘solution’ from the 1970s and has been shown to cause harm. This is what would happen without a doctor on board.

There are excellent paramedics in Northern Ireland who can be trained to work at the highest level in a doctor/paramedic team. This team will be more than the sum of their parts, but rather a multiple of those parts.

Trauma is the biggest killer and cause of morbidity in those under 40. The people of Northern Ireland deserve excellent trauma care. Northern Ireland is currently developing a robust trauma system and network. A physician-staffed, high performance HEMS will underpin this trauma system.

The economic cost argument of staffing a helicopter with a doctor is proven. The monetary value in terms of lives saved and decreased morbidity is clear. We urge you to ensure this is done and not to launch a substandard model in haste that has the potential to harm patients.

There has been numerous international offers of help and assistance with training, education and sharing of operating procedures and clinical governance to ensure this occurs. These offers still stand.

Dr. John Hinds was an advocate of excellence in trauma care. He believed the people of N.Ireland deserved a world-class HEMS. His advocacy has focussed the global trauma community’s attention on N.Ireland. We sincerely hope you make the right decision.

Yours Sincerely,

A/Prof Brian Burns, Prehospital & Retrieval Specialist, Sydney, NSW, Australia.  
Prof. Hans Morten Lossius, Professor of Prehospital Critical Care, Secretary General, The Norwegian Air Ambulance Foundation, Norway, Chair of EHAC Medical Working Group.  
Mr. Paul Gowens, Lead Consultant Paramedic, Scotland, UK  
Mr. Paul Altken-Fell, Lead Consultant Paramedic, Newcastle, UK  
Mr. Dave Bywater, Consultant Paramedic, Scotland, UK  
Mr. Neil Sinclair, Advanced Consultant Paramedic, Scotland, UK  
Dr. Tim Rogerson, EMRTS, Wales, UK.
A/Prof Andrew Pearce, Acting Clinical Director SAAS MedSTAR, Adelaide, Australia.
A/Prof Stefan Mazur, Prehospital and Retrieval Specialist, Adelaide, Australia.
Dr. Anne Weaver, Consultant in Emergency Medicine & Prehospital Care, Clinical Director for Trauma, Royal London Hospital, London, UK
Dr Hervé Coadou, U.F. SMUR HEMS, SAMU59, University Hospital of Lille, France
Dr. Gregor Prosen, Center for Emergency Medicine, Maribor, Slovenia
Dr Luke Regan, Clinical Lead - PICT. BASICS Scotland. Board Member UKSAR Medical Steering Committee
Dr. Roger Bloomer, Consultant in Anaesthesia and Prehospital Care, London, UK.
A/Prof Alasdair Corfield, Consultant in Emergency & Retrieval Medicine, Glasgow, UK
Dr. Jon McCormack, Consultant in Anaesthesia and Critical Care Retrieval, Edinburgh, UK
Dr. Peter Temesvari, Hungarian HEMS, Budapest, Hungary.
Dr. M. Slabbert, Anaesthetist & Intensivist, University Hospital Northern British Columbia, Canada.
Dr Christopher Hill, Hampshire & Isle of Wight HEMS, UK.
A/Prof Ryan Wubben, Medical Director, UW Med Flight, Wisconsin, USA
Dr. Joel Lockwood, Ornge Air Ambulance, Ontario, Canada
Prof. Simon Carley, Manchester, UK.
Dr. Mike Steuerwald, UW Med Flight, Wisconsin, USA
Prof. Michael Abernethy, UW Med Flight, Wisconsin, USA
Prof. Mark Wilson, Neurosurgeon & Prehospital Specialist. Imperial College, London, UK
Dr. László Hetzman, Medical Director, Hungarian HEMS, Budapest, Hungary. Co-chair EHAC Medical Working Group.
Dr. Per Bredmose, Oslo University Hospital, Oslo, Norway.
Dr. Stephen Hearns, Lead Consultant in Retrieval Medicine, Scotland, UK.

Disclaimer: The signatories to this letter are acting on their own behalf and not that of their employer.