Letters and comments

Contributors to this section are asked to make their comments brief and to the point. Letters should comply with the instructions to authors at <http://www.rcseng.ac.uk/publications/annals/authorinstructions.html>. Tables and figures should only be included if absolutely essential and no more than five references should be given. The editor reserves the right to shorten letters and subedit contributions to ensure clarity.

COMMENTS ON

doi 10.1308/003588407X202074

JTK Melton, S Jain, B Kendrick, SD Deo. Helicopter Emergency Ambulance Service (HEAS) transfer: an analysis of trauma patient case-mix, injury severity and outcome. *Ann R Coll Surg Engl* 2007; **89**: 513–6

COMMENT 1

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Helicopter transfers – need for implication assessment

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On reading this article, we noted some similarities with our recent audit. We have received 37 helicopter transfers over the last 24 months. Our hospital built a helicopter pad to receive plastic surgical re-implantation patients; the orthopaedic department noticed it on a return to work after a weekend. We do not have neurosurgery on site but are otherwise well served by all specialties. Other local hospitals are not similarly blessed with such helicopter pads. The majority of transfers have been orthopaedic at 14 cases and plastic surgery at 2 cases. Unfortunately, four head injury cases might have been more fortuitously taken to a local neurosurgical centre which was flown over in one

instance. One child was sent to a local paediatric hospital after initial assessment in the accident and emergency department. Twenty-eight cases were from out of the area and an equivalent of 15 trauma lists have been used for these outlying patient displacing our local patients with their more routine trauma. Thirteen cases were discharged directly from the casualty, one or two being bewildered by the transfer (anxiety provoking?) and some wondered how they would get home. We acknowledge that we have far fewer cases, but wonder if Swindon has received appropriate funding and staffing for this extra work. We have not.

AUTHORS' RESPONSE

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The authors highlight several important issues that result from patient transfer by helicopter ambulance. Those patients brought in from surrounding regions face lengthy (and sometimes costly) return journeys for which they are often unprepared. This can be a cause for added stress and difficulty following involvement in an accident.

The Great Western Hospital does not receive funds specifically allocated to the care of patients transferred from out of area by helicopter and, as such, there are financial implications in organising and providing theatre and ward-based care for these patients. Seeking financial redress from outlying PCTs and healthcare providers can be a time-consuming and laborious process. With increasing numbers of new-build hospitals including provision of landing sites for helicopter ambulance services, it is essential that healthcare trusts are aware of the economic and social issues that can be raised as a result. It is also important that surgical units understand the possibility of extra workload that can result from the introduction of a locally based helicopter ambulance service.