COMMENT 2

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Additional benefits to HEAS transfer

KM PORTER

Department of Clinical Traumatology, Selly Oak Hospital,
Birmingham, UK

CORRESPONDENCE TO

KM Porter, Honorary Professor of Clinical Traumatology, Consultant Trauma Surgeon/Immediate Care Practitioner (Former medical adviser to the County Air Ambulance), Selly Oak Hospital, Raddelbarn Road, Selly Oak, Birmingham B29 6JD, UK
T: +44 (0)121 627 1627; E: dawn.mason@uhb.nhs.uk

Melton and colleagues report an over triage rate for helicopter emergency ambulance service tasking. This, of course, is a clinical safeguard. The lay press frequently look for dramatic evidence of lives saved by using helicopters and completely fail to appreciate that a helicopter is merely an ambulance that flies and can move between two places very quickly, often in a straight line, and affords the option of taking the patient direct to a hospital most suited for their clinical needs. In addition, it can transport additional kit and a medical response to an incident. It is important to remember that the helicopter is part of an integrated response service.

There are numerous indirect benefits not mentioned in this paper; for example, approximately 25% of cases were to sites with presumed difficult access for a land response (horse riding and paragliding accidents). Whilst these patients' injuries may not be serious, the humanitarian act of prompt attendance and care is unquestionable. A land-based resource may have to park at a distance from the patient and transfer kit including a stretcher over fields, which is time consuming, a health and safety hazard and often associated with logistical difficulties. A helicopter-based response will usually give direct access to the patient and maintain the availability of the land-based resource for other emergencies.

Increasingly, helicopters in the UK are carrying as crew members doctors who can deliver a full range of critical care skills including rapid sequence induction (RSI) of anaesthesia. In addition, helicopter paramedics are being trained as critical care practitioners. An outcome analysis of this type of service will, I think, make a measurable impact on patient outcome.

AUTHORS' RESPONSE

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JTK MELTON

Department of Trauma and Orthopaedics, The Great Western
Hospital, Swindon, UK

CORRESPONDENCE TO

JTK Melton, 9 Avery Fields, Allbrook, Hampshire SO50 4BY, UK
E: joel.melton@virgin.net

Professor Porter is, of course, absolutely correct to point out the value of a helicopter ambulance to reach those who are injured in areas inaccessible by road. There is no question that the helicopter does have logistical and access advantages over a land-based ambulance in these situations. Having on-board medical staff may well lead to outcome advantages but I would agree the importance of outcome analysis to support this. As with any expensive, but potentially valuable, medical resource, we must continue to base the deployment policy of helicopter ambulances on robust evidence which supports improved outcomes for the trauma patient.

COMMENT ON

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Recent events

ANDY GILLIAM

Wansbeck Hospital, Ashington, Northumberland, UK

CORRESPONDENCE TO

Andy Gilliam, 36 Durham Moor Crescent, Durham DH1 5AS, UK
E: andrewgilliam@btinternet.com

I read this paper with interest and re-visited its findings following recent events. The 1 August 2007 saw the largest changeover of doctors in the history of the NHS. Approximately 30,000 doctors in England started new jobs, some in hospitals in different regions. This changeover of staff and the teething problems associated with it has been exacerbated this year due to some posts remaining unfilled with the Medical Training Application Service (MTAS) debacle.¹

On 1 July 2007, the UK was placed on its highest level of terrorism alert after an attack on Glasgow Airport was linked to two attempted car bombings in central London.