CRITICAL MOMENTS, LIFE-SAVING INFRASTRUCTURE

THE CASE FOR SAFEGUARDED 24/7 ON-SITE HOSPITAL HELIPADS AT MAJOR TRAUMA CENTRES AND SPECIALIST HOSPITALS

02 JUNE 2026

This report was prepared for the All-Party Parliamentary Group (APPG) for Air Ambulances, with research and evidence contributions from Air Ambulances UK, the UK's air ambulance charities, the HELP Appeal, and the University of Liverpool, Flight Science & Technology Group.

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This report was co-authored by Simon Jones (HELP Appeal and Green Deck Operations), Jamie Ward (Air Ambulances UK) and Dr Neale Watson (University of Liverpool, Flight Science & Technology Group), whose combined expertise contributed to its development.

The following organisations have come together as a coalition and fully endorse this report.

THE UK'S AIR AMBULANCE CHARITIES:

- Air Ambulance Charity Kent Surrey Sussex
- Air Ambulance Northern Ireland
- Cornwall Air Ambulance Trust
- Devon Air Ambulance Trust
- Dorset and Somerset Air Ambulance
- East Anglian Air Ambulance
- Essex & Herts Air Ambulance Trust
- Great North Air Ambulance Service
- Great Western Air Ambulance Charity
- Hampshire and Isle of Wight Air Ambulance
- Lincs & Notts Air Ambulance
- London's Air Ambulance Charity
- Magpas Air Ambulance
- Midlands Air Ambulance Charity
- North West Air Ambulance Charity
- Scotland's Charity Air Ambulance
- Thames Valley Air Ambulance
- The Air Ambulance Service
- Wales Air Ambulance Charity
- Wiltshire + Bath Air Ambulance
- Yorkshire Air Ambulance

STAKEHOLDERS:

- Air Ambulances UK
- Airbus Helicopters UK
- APPG for Air Ambulances
- APPG for Aviation
- APPG for Volunteer Search and Rescue
- Babcock International Group
- British Helicopter Association
- Castle Air
- Faculty of Pre-Hospital Care
- Gama Aviation
- Green Deck Operations Ltd
- Kwik Fit
- Leonardo
- Merlin Aerospace Consulting Ltd
- Mountain Rescue England and Wales
- Sloane Helicopters
- The HELP Appeal
- University of Liverpool, Flight Science & Technology Group

FOREWORD

PETE WISHART MP, APPG FOR AIR AMBULANCES CHAIR

Across Parliament, there has long been recognition of the vital role the UK's air ambulance charities play within the urgent and emergency care system. Operating at the frontline of pre-hospital care, they deliver highly skilled, time-critical interventions directly to patients, often in the most challenging and inaccessible environments. In recent years, there has been increasing awareness of the pressures they face, including rising operational costs, funding constraints, and growing demand in support of regional land ambulance services. Despite this, air ambulance charities continue to provide advanced care at the most critical moments, often making the difference between life and death.

Yet the effectiveness of these life-saving services does not end at the point of immediate care; it relies equally on the NHS infrastructure that receives patients for onward and specialist treatment and care, including the provision of appropriate hospital helipads.

This report highlights a clear and important issue that has gone unaddressed for too long. While clinical care has advanced, the NHS helipad infrastructure needed to support it has not consistently kept pace. Inconsistent access to safeguarded 24/7 on-site hospital helipads continues to create avoidable variation in how quickly patients can reach the specialist care they need. The absence of adequately equipped and reliably available infrastructure across the UK represents both a logistical gap and a clinical risk at a critical point in the patient pathway.

The case for change is clear. Hospital helipads should be treated as core NHS infrastructure, supported by joined-up policy across health, transport, planning and aviation systems at national, regional and local levels. Delivering this will require coordinated action across multiple Government departments and the NHS, but the outcome is clear: a more consistent, resilient and effective urgent and emergency care system for patients.

As Chair of the APPG for Air Ambulances, I welcome this report and the partnership behind it. It provides a strong foundation for engaging Government and Parliament, and a clear path to addressing these long-standing crucial gaps.

The APPG for Air Ambulances stands ready to work collaboratively with Ministers, officials, and sector partners to support the effective delivery of the report's six recommendations. This report provides an important opportunity to build on shared national priorities around improving patient outcomes, reducing inequality in access to urgent care, and strengthening the resilience of critical health infrastructure. The APPG will continue to act as a convening platform for constructive engagement across Government and the NHS, helping to ensure that the findings of this report translate into meaningful progress.

Ultimately, the aim is to ensure that no patient's access to life-saving air ambulance care is influenced by avoidable variation in provision or preparedness across the system.

FOREWORD

ANDY CURRAN, MEDICAL DIRECTOR, NORTH WEST AIR AMBULANCE CHARITY

Modern trauma care has been built with a key principle: for critically injured patients, time is the strongest modifiable determinant of survival. Across the UK, air ambulance services operate as the interface between pre-hospital emergency medicine and Major Trauma Centres, seeing daily how minutes gained or lost can fundamentally alter a patient's trajectory. For many of the injuries we manage – severe traumatic brain injury, major haemorrhage, spinal injury, thoracic trauma – timely access to definitive care is not simply desirable; it is essential. The same key principle applies for critical illness and speciality hospital access.

From a clinical perspective, direct access straight into a Major Trauma Centre or specialist hospital via an onsite, 24/7 safeguarded helipad is not a convenience, it is an intervention all in its own right. When aircraft are unable to land at the hospital – due to lack of night-time capability, unsuitable infrastructure, or competing pressures on limited landing zones – patients are exposed to secondary transfers, potential delays in definitive haemorrhage control, slower access to specialist procedures, and increased physiological deterioration. Each additional transfer introduces risks: repeated handling, interruptions to monitoring, exposure to environmental factors, and the need to re-establish clinical control in a new setting. These delays and risks accumulate, often at the expense of neurological outcomes, survival, and long-term recovery.

Behind these operational and clinical considerations sit the human stories. Every air ambulance medical director will be able to recall cases where early access to definitive trauma care has meant the difference between a family preparing for bereavement and a patient walking out of hospital weeks later. Equally, we can recall cases where the absence of a viable landing option at night, or the need to land offsite, added precious minutes that we or rather our patient could not afford. These moments underscore a simple truth: infrastructure is not a standalone issue – it shapes the real experiences of patients, families, and clinicians in the most critical moments of their lives.

Safeguarded helipads – designed, protected, and operationally dependable around the clock – are therefore a crucial component of a mature trauma system and indeed any advanced healthcare system. They ensure predictability for aircrew, safety for aircraft operations, and enable our collective patients rapid, reliable access to specialist teams. They reduce unwarranted variability across regions and services by ensuring equity of direct access no matter the mode of arrival to hospital. They reflect a broader commitment: that when patients experience the worst moments of their lives, the whole system surrounding them is equipped to offer the very best chance of survival and recovery.

This report represents an important step in consolidating the evidence base and articulating the system-wide value of hospital helipad capability. On behalf of the UK's Air Ambulance Medical Directors, we welcome its publication. We are grateful to Air Ambulances UK, the HELP Appeal, and the University of Liverpool Flight Science & Technology for leading this work. Their partnership brings together operational experience, academic rigour, and a clear focus on patient benefit.

Trauma care in the UK continues to evolve, but the need for rapid access to specialist treatment remains unchanged. Ensuring that every Major Trauma Centre and specialist hospital has a safeguarded, 24/7 on-site helipad is still an aspirational target – it should be a necessary standard for the patients we serve. This report helps outline the path toward making that standard a reality.

POLICY AND ADVOCACY KEY MESSAGES

MIKE MCGRATH, CEO, AIR AMBULANCES UK

"Access to safeguarded 24/7 on-site hospital helipads at Major Trauma Centres and specialist hospitals remains inconsistent across the UK, despite decades of recognition of this issue. For air ambulance services, this reality directly affects how efficiently patients can receive specialist care. This report demonstrates the evidence, operational experience and proven delivery models that exist. What's needed now is clear national direction and coordination from Government to ensure this gap is addressed comprehensively and consistently across the UK – so every patient has equitable access to life-saving care, regardless of location."

ROBERT BERTRAM, CEO, HELP APPEAL

"This report is a welcome addition to efforts urging the Government to take action on safeguarded 24/7 on-site hospital helipads at Major Trauma Centres and specialist hospitals. Through the HELP Appeal, we have already funded a range of lifesaving helipad infrastructure projects across Great Britain, and will continue to do so through charitable support. This demonstrates that a proven funding model is already in place. The priority now is ensuring the right national policy and coordination so every patient can benefit from direct access to specialist care."

DR HILARY JONES

"Patients shouldn't face barriers to life-saving care because of where they are or how they arrive at hospital. Safeguarded 24/7 on-site hospital helipads are an important part of making sure everyone can access the care they need. They help ensure that specialist treatment is within reach for all patients, reducing avoidable delay or variation and supporting a more consistent and equitable healthcare system."

DR DAWN HARPER

"Air ambulances save crucial time at the scene, but that advantage can be lost if hospitals aren't ready to receive patients directly. Safeguarded 24/7 on-site hospital helipads would help ensure patients are transferred straight into specialist care without avoidable delay, improving outcomes when it matters most."

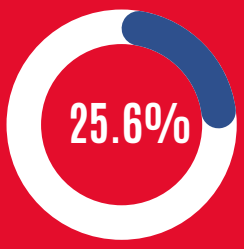
EXECUTIVE SUMMARY

Hospital helipads perform an essential role in enabling air ambulance charities to deliver critically ill and injured patients directly to specialist emergency care. While they support operations within Major Trauma Networks (MTNs) and the National Health Service (NHS), many UK Major Trauma Centres (MTCs) and specialist hospitals still do not provide safeguarded 24/7 on-site helipad access. As a result, air ambulances must often land at secondary off-site locations. This unresolved gap in the UK's urgent and emergency care system can introduce delays to critical treatment and, in some cases, put lives at risk.

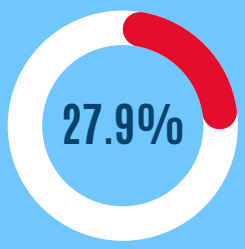
This report provides an overview of the current operational availability of helipads across 43 MTCs and specialist hospitals in the UK, and identifies the policy changes needed to ensure all current and future MTCs and specialist hospitals have access to safeguarded 24/7 on-site helipad infrastructure.

KEY FINDINGS

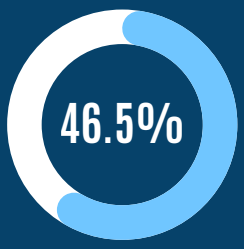
The analysis of the 43 MTCs and specialist hospitals shows a varied picture of helipad infrastructure capability across the UK:



11 hospital helipad sites (25.6%) do not support safe and effective 24/7 on-site access, meaning air ambulance patients cannot be reliably transferred directly to hospital at any time of the day or night.



12 hospital helipad sites (27.9%) provide limited 24/7 on-site access and require improvement of operational, staffing or facility constraints.



20 hospital helipad sites (46.5%) provide 24/7 on-site access and are either fully or partially compliant with the CAP 1264 guidance – Standards for Helicopter Landing Areas at Hospitals (Civil Aviation Authority, 2026).

Hospital helipad sites with 24/7 on-site access issues are highlighted across London, in the South of England, the Midlands, the East of England, and in parts of Scotland and Northern Ireland, highlighting a UK-wide challenge.

Overall, over half of the assessed sites (53%) are either unable, or not consistently able, to support full operational capability for 24/7 on-site helipad access.

Separately, more than a third (37%) of hospital sites either lack 24/7 on-site access altogether or do not have an operational helipad. In addition, there are seven hospitals which currently do, or within this current year will, require a new helipad.

The findings of this report reflect a wider UK systemic gap in hospital helipad access. This is due in part to the lack of both NHS requirement for 24/7 on-site helipad provision and formal safeguarding within the planning system. This national report will be supported by a single, collective regionally focused air ambulance whitepaper, which will focus on local variation in helipad access, identify specific infrastructure gaps, and provide examples of how these challenges are experienced across different parts of the UK.

Terminology Note: In this report, the terms "hospital helipads", "hospitals", "landing sites" and "sites" are used interchangeably to refer to helipads at UK MTCs and specialist hospitals included within the 43-site HELP Appeal assessment. Full definitions are provided in Appendix A. The analysis presented relates specifically to circumstances in which air ambulance services transfer, or intend to transfer, patients directly to hospital by air. It is recognised that many patients are also appropriately transferred by road via a Critical Care Car (or equivalent) where this is clinically preferable.

OPERATIONAL AND ECONOMIC IMPACT

Critical gaps in hospital helipad access can create inequities across the NHS and the wider urgent and emergency care system. The lack of consistent helipad access often results in secondary ambulance transfers with additional costs typically around £200 – £600 per incident for the NHS (The King's Fund, 2025). Furthermore, delays to definitive care can lead to longer hospital stays, increased reliance on intensive care, and more complex treatment pathways. Even small delays, where 24/7 on-site access is not available, can impact both patient outcomes and NHS resources. Improving helipad access will provide faster treatment, improve patient outcomes, and make more efficient use of the available resources (Howlett et al., 2026).

STRATEGIC CONTEXT

The UK's air ambulance network is made up of 21 independent charities that provide pre-hospital life-saving care. They operate separately from the NHS and receive no day-to-day Government funding, relying instead on around £200 million in generous public donations each year. Public awareness of this is, however, limited, with 53% of the public not knowing that air ambulance charities are independent of the NHS (Air Ambulances UK, 2025a). Despite this and acknowledging the level of public support, air ambulance services are expected to be able to deliver consistent care to patients. While air ambulance charities operate independently, they still rely on NHS infrastructure, such as hospital helipads, to allow patient transfers. As noted, however, many MTCs and specialist hospitals do not have 24/7 on-site helipad access, and in some cases, do not have a helipad at all.

These hospital helipad gaps should not be seen as a standalone issue for the air ambulance community. Rather, they mutually sit within wider Government and NHS commitments to improve the urgent and emergency care system. The Department of Health and Social Care (DHSC, 2025) has made it clear that there is a national focus on building an NHS which delivers faster and more equitable care for patients, alongside greater long-term resilience.

WORKING ACROSS GOVERNMENT AND REGULATORS TO DELIVER MANDATED ACTION

Delivering this change will require a coordinated, cross-Government approach, led by:

- Department of Health and Social Care (DHSC) through national policy, NHS estates and standards.
- Ministry of Housing, Communities and Local Government (MHCLG) through local planning policy and safeguarding.
- Department for Transport (DfT) and UK Civil Aviation Authority (CAA) through aviation policy and regulatory alignment.

REPORT RECOMMENDATIONS

The following recommendations are made in the report:

1. Mandating safeguarded 24/7 on-site hospital helipad access.
2. Embedding safeguarded 24/7 on-site hospital helipads in NHS standards and commissioning.
3. Reforming planning policy and strengthening hospital helipad safeguards.
4. Improving aviation and regulatory alignment that ensures consistent application of CAA safety and operational standards for hospital helipads.
5. Establishing a National Emergency Hospital Helipad Infrastructure Contingency Fund to support builds or upgrades where demand exceeds HELP Appeal's capacity or when urgent intervention is required.
6. Undertaking an independent national review of UK hospital helipad infrastructure that will focus on safeguarded 24/7 on-site capability.

Details of how these recommendations can be delivered is discussed in Part Four of this report; Government departmental responsibilities and a proposed delivery roadmap are also provided.

DELIVERY APPROACH

This report does not advocate to obtain large-scale capital funding, but to highlight the absence of a coordinated national policy-led framework to enable and safeguard 24/7 on-site hospital helipad operations. There is currently a proven funding model through the HELP Appeal. Having already funded the delivery of a wide range of hospital helipad infrastructure projects, the HELP Appeal is well placed to continue to support current and future requirements. The role of Government should be to provide national leadership, remove legislative barriers, and enable a coordinated national approach. This should also be supported by an emergency contingency funding mechanism to be used where gaps cannot be met through HELP Appeal funding or where urgent risks arise.

CALL TO ACTION

- Hospital helipads should be recognised as a core component of the NHS's infrastructure.
- A coordinated approach, bringing together policy, planning and regulation is essential to ensure consistent and safeguarded 24/7 on-site helipad provision.
- This will remove the barriers that currently limit access to life-saving care. Without action, these crucial gaps will persist and risk affecting patient outcomes at critical moments.

SCOPE AND FUTURE CONSIDERATION

While this report assessed a defined group of MTCs and specialist hospitals, air ambulances also transport patients to other urgent care services such as Stroke and Burns Units (this list is non-exhaustive). These specialist units are not fully captured within the report due to limitations in the scope of the helipad assessment conducted by the HELP Appeal. In future, a second APPG report may provide a more in-depth analysis that would include additional specialist services and an assessment on progress and Government engagement since this report's publication; this year-on review could also determine any operational barriers affecting delivery and utilisation.

PART ONE: SETTING THE CONTEXT

INTRODUCTION - WHY THIS REPORT MATTERS

PURPOSE OF THE REPORT

This report sets out the policy, system and delivery changes needed to ensure all UK MTCs and specialist hospitals have access to a safeguarded 24/7 on-site helipad compliant with the guidance provided in the CAA's CAP 1264 document. A snapshot of the current capability of UK critical hospital helipads is provided in this report using the data collected in the HELP Appeal's national assessment of 43 MTCs and specialist hospitals. Current constraints limiting safeguarded 24/7 on-site helipad access are highlighted as well as analysis of the regional variation of helipad provision across the UK.

An examination of how gaps in hospital helipad access may affect patient clinical pathways that limit direct access to specialist care through MTNs and the NHS has also been conducted. The core aim of this report is to outline how these challenges can be addressed through coordinated Government and NHS policy alignment and targeted intervention where required. This is underpinned by a short, medium, and long-term delivery roadmap.

GOVERNMENT AND NHS FRAMEWORKS

Improving the UK's hospital helipad network supports a number of existing Government and NHS priorities. This is reflected across five key frameworks, including the NHS 10-Year Health Plan (DHSC, 2025), the Urgent and Emergency Care Plan 2025 to 2026 (NHS England, 2025), the NHS Medium Term Planning Framework 2026 to 2029 (NHS England, 2026), the New Hospital Programme (DHSC, 2024), and the UK 10-Year Infrastructure Strategy (HM Treasury, 2024). These are explored in more detail in Part Three, the Strategic and Fiscal Case.

POLICY OPPORTUNITIES

This report identifies six practical recommendations for the Government and NHS to improve the UK's hospital helipad network. These are summarised in the Executive Summary and set out in detail in Part Four, Policy Solutions and Recommendations, covering national policy and standards, planning and safeguarding, aviation regulation, funding and delivery, and independent review. Building on the 2025 UK's Air Ambulances Manifesto, Critical Moments, Life-Saving Decisions (Policy Priority 1) (Air Ambulances UK, 2025b), this report reinforces the sector's core ask: that all MTCs and specialist hospitals across the UK have access to a safeguarded 24/7 on-site helipad.

METHODOLOGY, EVIDENCE AND KEY DATA

A national hospital helipad assessment was conducted by the HELP Appeal, informed by site visits carried out between 2024 and Quarter 1 2026. Regional air ambulance charity data and case studies were also used to support the assessment. In total, 43 hospital sites were assessed across the UK using a Red / Amber / Green (RAG) classification framework. The analysis focuses on the availability and operational status of safeguarded 24/7 on-site helipads and identifies limitations that are, or have the potential to, restrict air ambulance operations. Together, these findings provide the evidence base for the policy recommendations and delivery roadmap set out in this report.

ROLE OF THE APPG FOR AIR AMBULANCES AND COALITION PARTNERS

The APPG for Air Ambulances provides a cross-party parliamentary platform to support policy development and engagement on issues affecting the UK's air ambulance sector. This report has been prepared for the APPG for Air Ambulances, led by its Secretariat, Air Ambulances UK, and developed in collaboration with the air ambulance community, the HELP Appeal, and the University of Liverpool, Flight Science & Technology Group. In total, the report is supported by 39 stakeholder organisations, all of whom were invited to review and contribute to the report. Stakeholder engagement was conducted to provide confidence that the findings and recommendations are practical and grounded in operational experience.

SCOPE OF THE REPORT

The report is structured across five parts that detail the context and evidence through to implementation and delivery and are listed below:

Part One: Setting the Context
Sets out the purpose of the report, along with the methodology and evidence base underpinning its findings and recommendations.

Part Two: Understanding the Data
Presents the national picture of safeguarded 24/7 on-site hospital helipad infrastructure across the UK.

Part Three: Making the Argument
Explores the operational impact of critical gaps in hospital helipad infrastructure, alongside the strategic and fiscal case for reform, aligned with Government and NHS priorities.

Part Four: Implementation and Action
Outlines the policy solutions and recommendations, delivery framework, and phased roadmap required to implement a coordinated cross-Government national approach.

Part Five: Demonstrating Impact
Provides a real-world case study illustrating the impact on patients, clinicians, the NHS, and wider urgent and emergency care system.

DEVOLVED CONSIDERATIONS

While this report is primarily directed at the UK Westminster Government, the national assessment was conducted across the whole of the UK's air ambulance sector. Responsibilities relevant to hospital helipad infrastructure cover health, transport, aviation and planning. Some of these areas are devolved across Scotland, Wales and Northern Ireland. Where matters are devolved, priorities and delivery approaches may differ. Continued collaboration across all nations is welcome to ensure patients are supported wherever they are in the UK. By way of example, the HELP Appeal operates with a funding remit limited to Great Britain.

METHODOLOGY AND EVIDENCE

DATA COLLECTION

HOW THE DATA WAS COLLECTED

The data was collected during HELP Appeal's national hospital helipad assessment based on on-the-ground visits conducted between 2024 and Q1 2026. The assessment was supported by regional air ambulance operational data and real-world examples that help demonstrate how gaps in hospital helipad infrastructure and operational constraints affect the delivery of care.

WHICH HOSPITALS WERE INCLUDED

In total, 43 hospital sites across the UK, critical to air ambulance operations, were included in the assessment, covering both MTCs and specialist hospitals. The sites assessed are made up of 14 MTCs which provide trauma care for both adults and children, 14 Adult-only MTCs, 11 Trauma Units (TUs) which are often linked to specific MTCs, and four dedicated Paediatric MTCs. The four Paediatric MTCs included in this review are: Sheffield Children's Hospital, Alder Hey Children's Hospital in Liverpool, Birmingham Children's Hospital, and Bristol Royal Hospital for Children. Many of these hospitals also provide wider specialist services. An overview of the hospital locations included in this report and the type of hospital service they provide is shown in Figure 1.

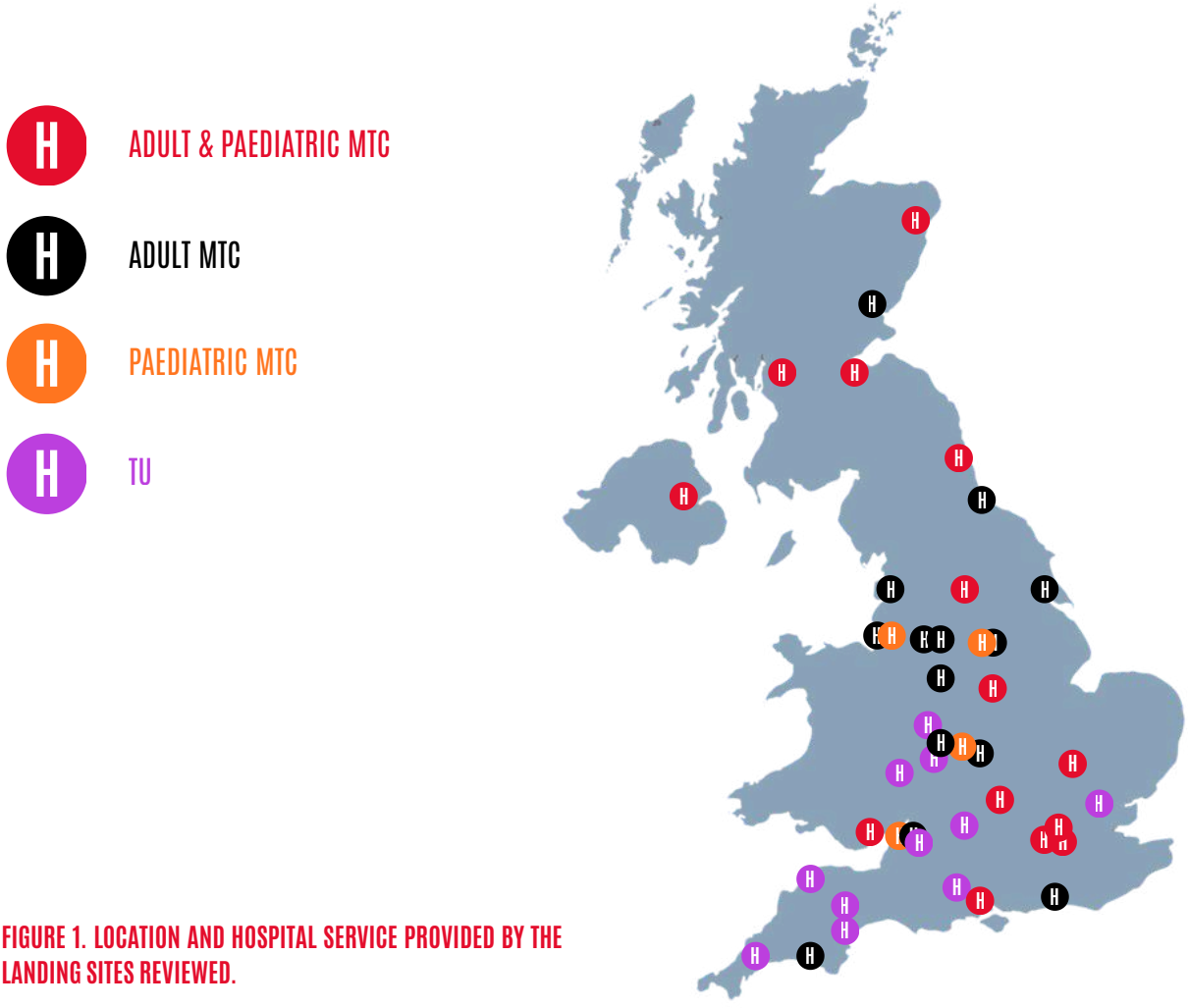


FIGURE 1. LOCATION AND HOSPITAL SERVICE PROVIDED BY THE LANDING SITES REVIEWED.

ASSESSING HOSPITAL HELIPAD PROVISION - RED / AMBER / GREEN

Each hospital site in this report was assessed using a simple Red / Amber / Green (RAG) classification to reflect the level of access and operational status capability which are defined below:

- Red: Serious 24/7 on-site access issues, including absent or severely limited on-site helipads.
- Amber: Limited 24/7 on-site access requiring improvement to meet operational needs.
- Green: Entirely operational helipads with 24/7 on-site access in-line with CAA CAP 1264 guidance (fully or partially).

This RAG approach provides a straightforward way of identifying where hospital helipads are working well, and where there are gaps that may affect patient access to NHS services. A full list of hospital helipad sites reviewed in this report, along with their RAG designation and hospital service type is included in Appendix B.

OPERATIONAL INSIGHT

Alongside the assessment of hospital helipad operational capability, input from regional air ambulance charities illustrates how these challenges play out in practice where issues may impact both pre-hospital and hospital-based care. This includes instances where helicopters are required to land at secondary (off-site) locations which are not preferred due to the resulting additional transfer time. Other examples include the effect on care pathways, service efficiency, and the ability to respond to major incidents. These insights help ensure the findings reflect frontline operational experience and real-world consequences, rather than being based on helipad infrastructure and provision alone.

SCOPE AND LIMITATIONS

The methodology focuses on landing sites across 43 MTCs and specialist hospitals to assess whether they support safeguarded 24/7 on-site helipad access and whether they are in compliance with the CAA CAP 1264 standards. It does not assess detailed clinical outcomes but instead provides evidence-based research for national level policy recommendations. There are some limitations to note. Hospital infrastructure is continually evolving and there may be some recent or planned upgrades that not fully accounted for (the analysis is based on assessment between 2024 and Q1 2026). Variation in how information was recorded between sites may have limited the capture of certain operational differences. While the findings are based on 43 assessed sites and associated operational data, some site-specific or local variations reflected by individual air ambulance charities or operators may not be fully captured within the dataset or RAG framework. The report provides evidence-based research to inform national policy development and delivery planning and does not represent a formal consultation with NHS organisations or the CAA.

PART TWO: UNDERSTANDING THE DATA

THE NATIONAL PICTURE - THE EVIDENCE

CURRENT INFRASTRUCTURE

An assessment of the current operational capability of helipads across 43 UK MTCs and specialist hospitals was conducted by the HELP Appeal. To assess national and regional trends, and to inform policy and recommendations to improve safeguarded 24/7 on-site access, the data has been collated, analysed, and presented in this section.

Hospital helipads fall into three distinct categories in the UK. A ground or mounded helipad is at surface level, typically constructed from concrete. A raised helipad is a purpose built structure that is no higher than 3 m above the surrounding area; an example of a raised helipad can be found at Southampton General Hospital where the raised helipad is situated directly over a carpark. An elevated helipad is a dedicated structure located at a height of 3 m above the surrounding area and is more often found on the roof of the tallest hospital building, exemplified by the helipad on the roof of Bristol Royal Infirmary or Royal London.

Each type of helipad presents specific challenges during design or operation; however, the type of helipad alone does not guarantee 24/7 on-site operational capability. Of the 43 helipads reviewed, close to half (49%) currently operate a ground/mounded helipad, as shown in Figure 2. Elevated helipads are the second most common helipad type with 35% (15 helipads) making up the total share. While a more uncommon structure across the UK, three raised helipads were also included in the assessment. Notably, across the 43 hospital sites assessed, there are four hospitals that either have no helipad or helipads that are not currently operational. Figure 2 also shows the distribution of services provided by the 43 hospitals assessed.

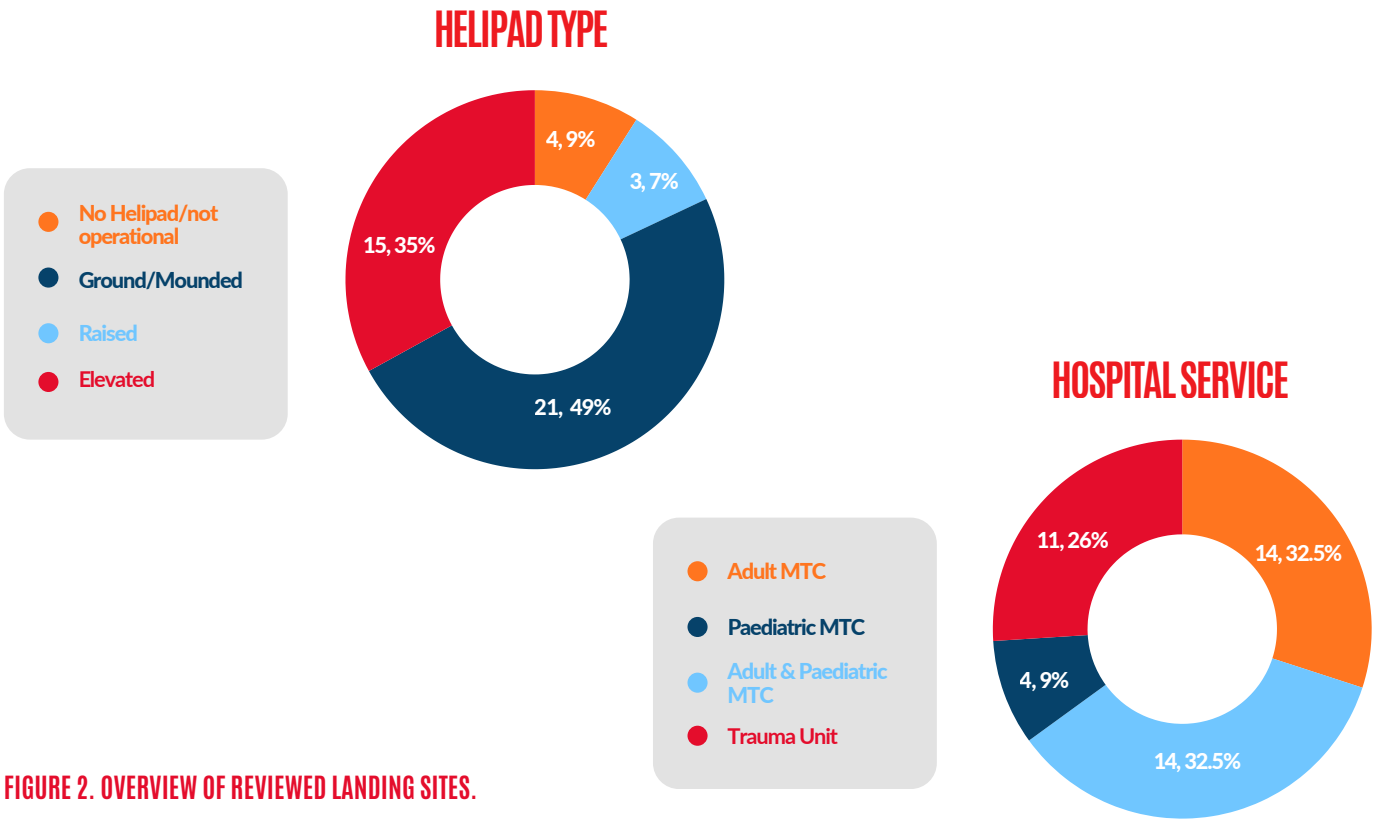


FIGURE 2. OVERVIEW OF REVIEWED LANDING SITES.

HOSPITAL HELIPAD PROVISION

Each of the hospital helipads in the assessment were assessed against the RAG criteria, as previously defined. Of the 43 landing sites 11 (25.6%) were designated as Red, 12 (27.9%) as Amber and 20 (46.5%) as Green. Across the dataset, close to half of the sites (53.5%) were classified as Red or Amber. This means that they are either unable, or not consistently able, to support safe, effective, and authorised 24/7 on-site air ambulance charity operations. Figure 3 presents a breakdown of all 43 landing sites included in the assessment and highlights their RAG designation. The location and RAG designation of the sites is shown in Figure 4.

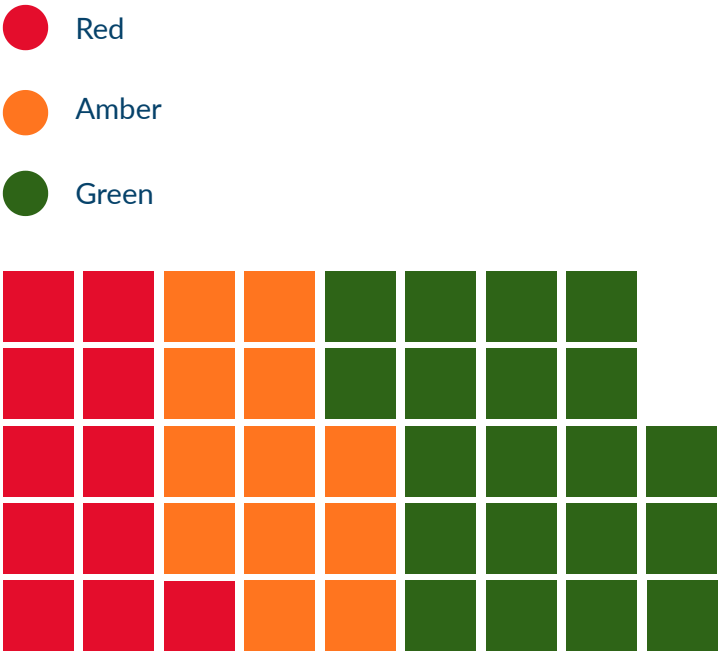


FIGURE 3. BREAKDOWN OF ALL 43 LANDING SITES BY RAG DESIGNATION.

FIGURE 4. ALL 43 LANDING SITES SHOWN ACROSS THE UK IDENTIFIED BY RAG DESIGNATION. FULL TABLE CAN BE FOUND IN THE APPENDIX ON PAGE 42.

Hospital	Designation
Aberdeen Royal Infirmary (Royal Aberdeen Children's Hospital)	Red
Addenbrooke's Hospital (Cambridge)	Red
Aintree University Hospital (Liverpool)	Green
Alder Hey Children's Hospital (Liverpool)	Green
Birmingham Children's Hospital	Red
Bristol Royal Infirmary (Bristol Royal Hospital for Children)	Red
Broomfield Hospital	Amber
Derriford Hospital (Plymouth)	Green
Great Western Hospital (Swindon)	Green
Hereford County Hospital	Red
Hull Royal Infirmary	Green
John Radcliffe Hospital (Oxford)	Green
Leeds General Infirmary	Green
Manchester Royal Infirmary	Green
Ninewells Hospital (Dundee)	Amber
North Devon District Hospital	Amber
Northern General Hospital (Sheffield)	Green
Queen Elizabeth Hospital Birmingham	Red
Queen Elizabeth University Hospital (Glasgow)	Green
Queen's Medical Centre (Nottingham)	Red
Royal Cornwall Hospital (Truro)	Amber
Royal Devon and Exeter Hospital	Green
Royal Infirmary of Edinburgh	Green
Royal Preston Hospital	Green
Royal Stoke University Hospital	Amber
Royal Sussex County Hospital (Brighton)	Green
Royal United Hospital (Bath)	Amber
Royal Victoria Hospital (Belfast)	Amber
Royal Victoria Infirmary (Newcastle)	Green
Salford Royal Hospital	Green
Salisbury District Hospital	Amber
Sheffield Children's Hospital	Green
Southampton General Hospital	Amber
Southmead Hospital (Bristol)	Amber
St George's Hospital (London)	Red
St Mary's Hospital (London)	Red
The James Cook University Hospital (Middlesbrough)	Green
The Royal London Hospital	Red
Torbay Hospital	Amber
University Hospital Coventry	Green
University Hospital of Wales (Cardiff)	Green
Wolverhampton New Cross	Red
Worcestershire Royal Hospital	Amber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OPERATIONAL AVAILABILITY (24/7 ON-SITE CAPABILITY)

MTCs and specialist hospitals in the UK are designed to operate 24 hours a day, seven days a week and be staffed by consultant-led specialist teams with access to state-of-the-art diagnostic and treatment facilities. While not all air ambulance services operate 24/7 currently, reliable daytime on-site hospital helipad access is essential. However, there is no current consistent statutory framework requiring hospital helipads to provide 24/7 on-site access. Of the 43 hospital sites, 63% currently provide 24/7 on-site access for air ambulance operations (although not all of these sites meet CAP 1264 standards or deliver full operational capability) and 37% either lack 24/7 on-site access altogether or do not have an operational helipad, as shown in Figure 5. 28% of the total number of sites provide day only or limited operations. Four hospital helipads are not operational; this list includes Birmingham Children's Hospital (a Paediatric MTC), St Mary's Hospital in London and Queen's Medical Centre in Nottingham (both of which are Adult and Paediatric MTCs), and Wolverhampton New Cross, which is a TU.

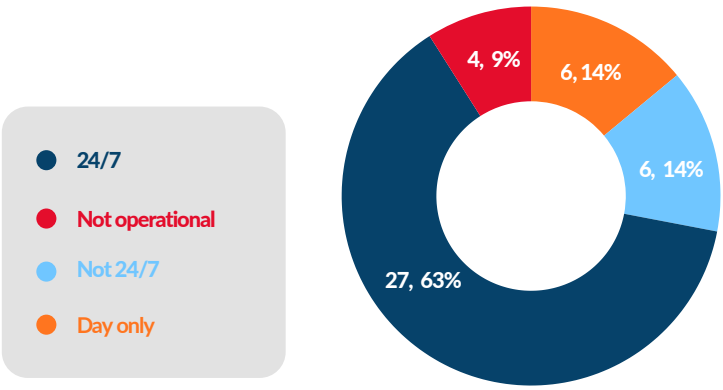

FIGURE 5. HELIPAD OPERATIONAL AVAILABILITY.

A major challenge for helipad operations is the building of new hospital infrastructure close to the landing site. For example, both helipads at Birmingham Children's Hospital and Wolverhampton New Cross Hospitals are no longer allowed to operate due to their proximity to new building developments. At Addenbrooke's Hospital in Cambridge, new building infrastructure will render the helipad inoperable this year.

Helicopter downwash, the displaced air produced by the rotation of the main rotor blades to generate lift, can present significant hazards to people in areas close to hospital helipads, including blowing individuals over, destroying property or displacing materials and debris that become projectiles, threatening nearby pedestrians and possibly causing serious injuries. Issues with helicopter downwash can limit air ambulance operations. Aberdeen Royal Infirmary does provide 24/7 on-site access for air ambulances, however, public safety issues relating to downwash have been identified. In addition, several sites have helipads that are not utilised to full operational capacity, indicating that many of the constraints identified are operational. Such limitations may be due to staffing, crew training, or planning barriers.

Figure 6 summarises key improvements required to increase hospital helipads capability in this review; some of the landing sites require multiple improvements and are included in more than one category. The assessment shows that there are seven hospitals which currently do, or during this year will, require a new helipad. A further sixteen would benefit from infrastructure upgrades such as a new Touchdown Positioning and Circle (TDPC) lighting system or updated signage. The assessment identified five instances in which staffing levels are an issue and three landing sites where additional crew training is required. It is worth noting at one of these sites, the helipad is cleared for 24/7 on-site operations, however, the current staffing levels are restricting operations to 9am to 5pm, Monday to Friday. Issues related to helicopter downwash, have been also identified at three hospitals. The assessment highlights that limitations in 24/7 on-site operational capability are not always driven by the absence of helipad infrastructure, but by lack of viable helipad locations or limitations in compliant lighting and safety systems based on CAP 1264 guidance.

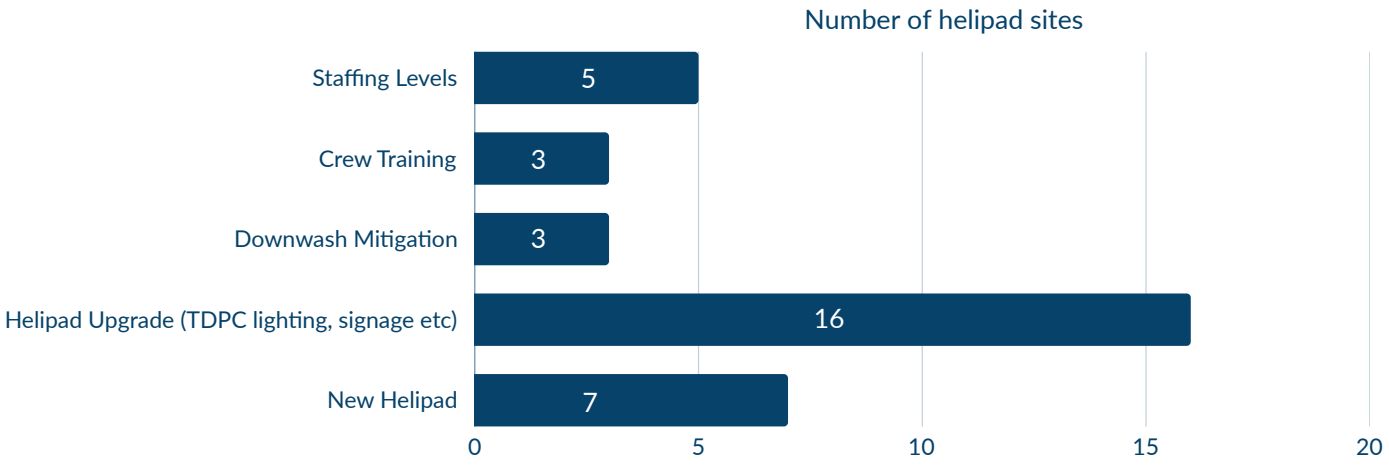

FIGURE 6. IDENTIFIED REQUIREMENTS TO IMPROVE OPERATIONAL CAPABILITY.

REGIONAL VARIATION AND NATIONAL MAPPING

Figure 7 provides a regional breakdown of hospital helipads and their RAG rating across the UK. Significant variation of operational capability is observed. All three hospitals located in London do not provide 24/7 on-site access to their helipad. In contrast, the eleven hospitals in the North of England all provide 24/7 on-site access and are either or partially compliant with the guidance in CAP 1264. In the Midlands and East of England, the majority of hospital helipad sites either do not provide 24/7 on-site access or require improvement. In the South of England and Scotland there is mixed provision of 24/7 on-site helipad access. Northern Ireland and Wales each have one site which was included in this review. The overall uneven distribution of 24/7 on-site hospital helipad provision and operational capability across the UK leads to clear regional differences, resulting in patients that do not have equal access to time-critical, lifesaving care.

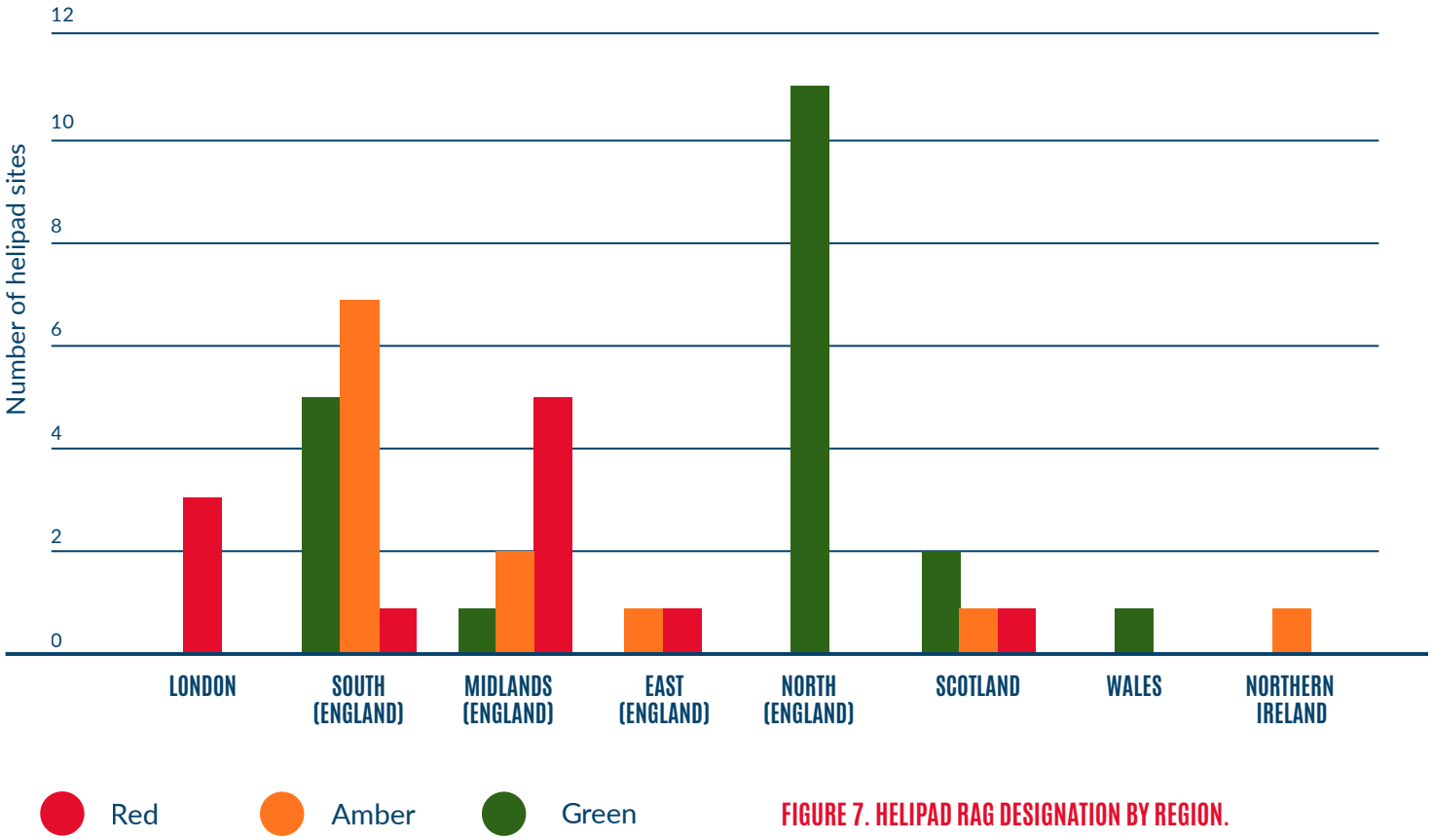

FIGURE 7. HELIPAD RAG DESIGNATION BY REGION.

BREAKDOWN OF SITE DESIGNATIONS

RED SITES

Figure 8 shows a breakdown of the designated Red sites in terms of the hospital service they provide and helipad type. Four sites have elevated helipads and three have ground helipads. Of the identified red sites six, or 38%, require a new helipad or are not operational. The majority of the Red sites, 82%, are designated as Adult or Paediatric MTCs or provide both services. Only two (18%) of the Red sites are designated as TUs.

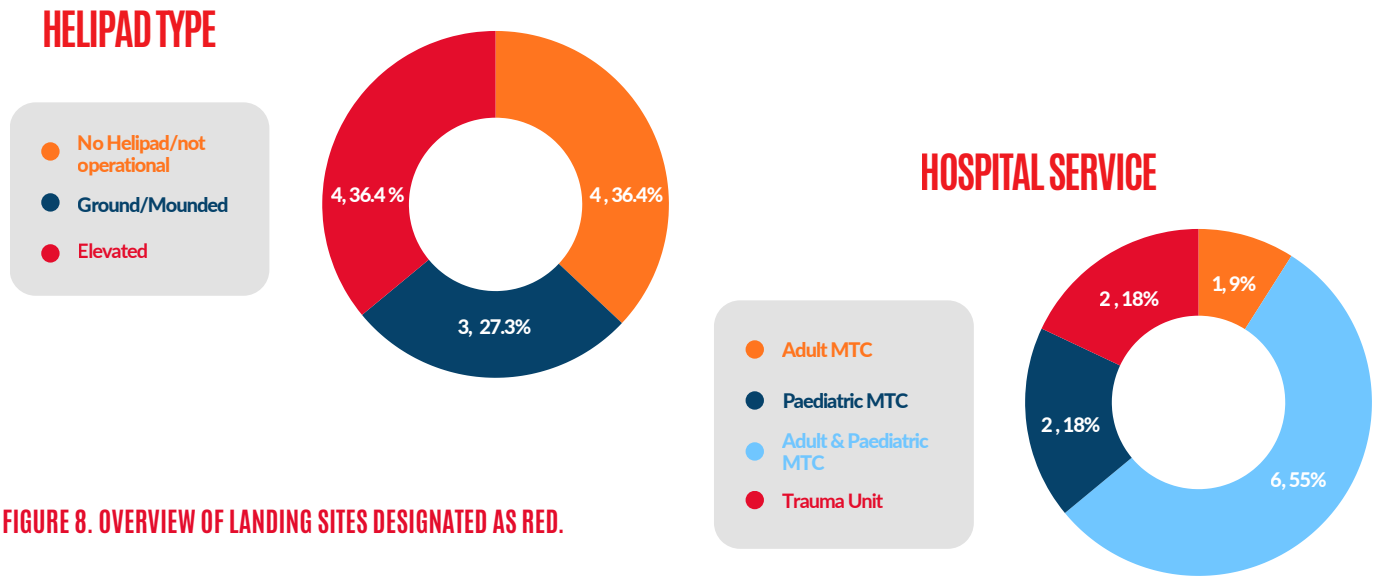

FIGURE 8. OVERVIEW OF LANDING SITES DESIGNATED AS RED.

AMBER SITES

Twelve hospital sites have been designated as Amber, highlighting helipads with limited access requiring improvement to meet operational needs, as shown in Figure 9. Nine of these sites are ground/mounded helipads, one is a raised helipad, and two are elevated helipads. The majority of amber sites, 58%, are TUs, with two combined Adult and Children's MTC and three Adult MTCs. Currently, only 42% of the amber sites provide 24/7 on-site access. Each of these sites has been designated as Amber due to concerns around helipad upgrades, staffing levels or helicopter downwash.

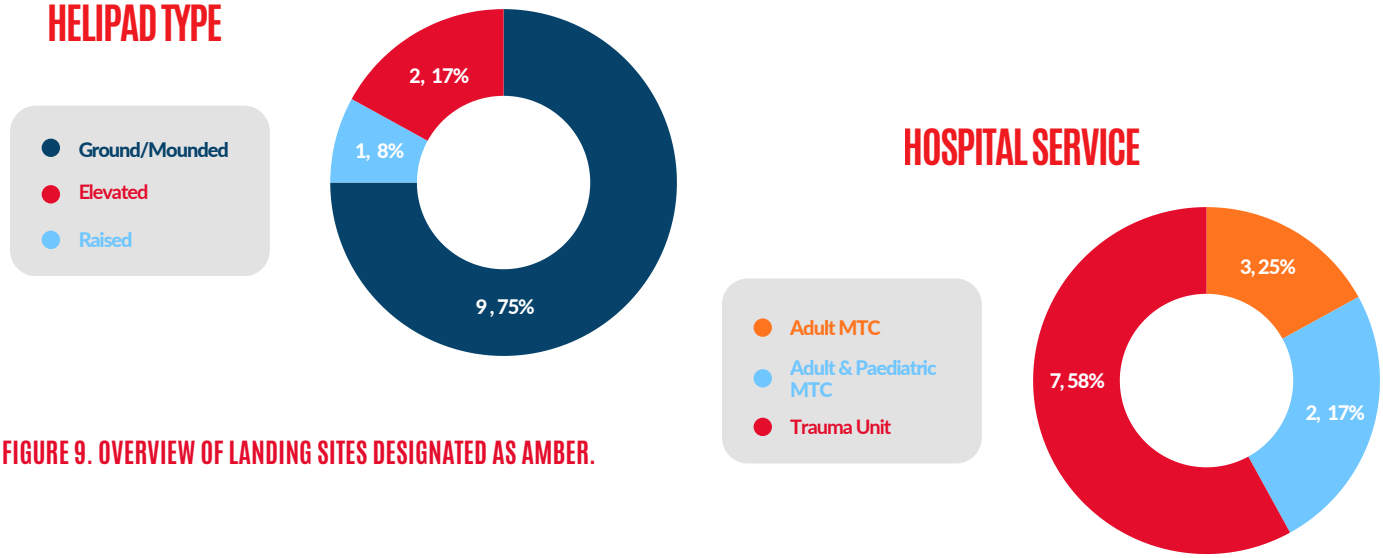

FIGURE 9. OVERVIEW OF LANDING SITES DESIGNATED AS AMBER.

GREEN SITES

Sites designated as Green provide 24/7 on-site helipad access for air ambulances. 20 of the hospital sites included in the assessment, were found to have met the 24/7 on-site access requirements and either fully, or are close to, in compliance with CAA CAP 1264 requirements.

Figure 10 provides a breakdown of the Green sites in terms of the hospital service they provide and helipad type. The overall majority of the Green sites are designated as either Adult or Paediatric MTCs or provide combined services. Only 10% of the designated Green sites are designated as TUs. While each of these sites have been deemed Green it is worth noting that several of the helipads would benefit from the addition of TDPC Lighting.

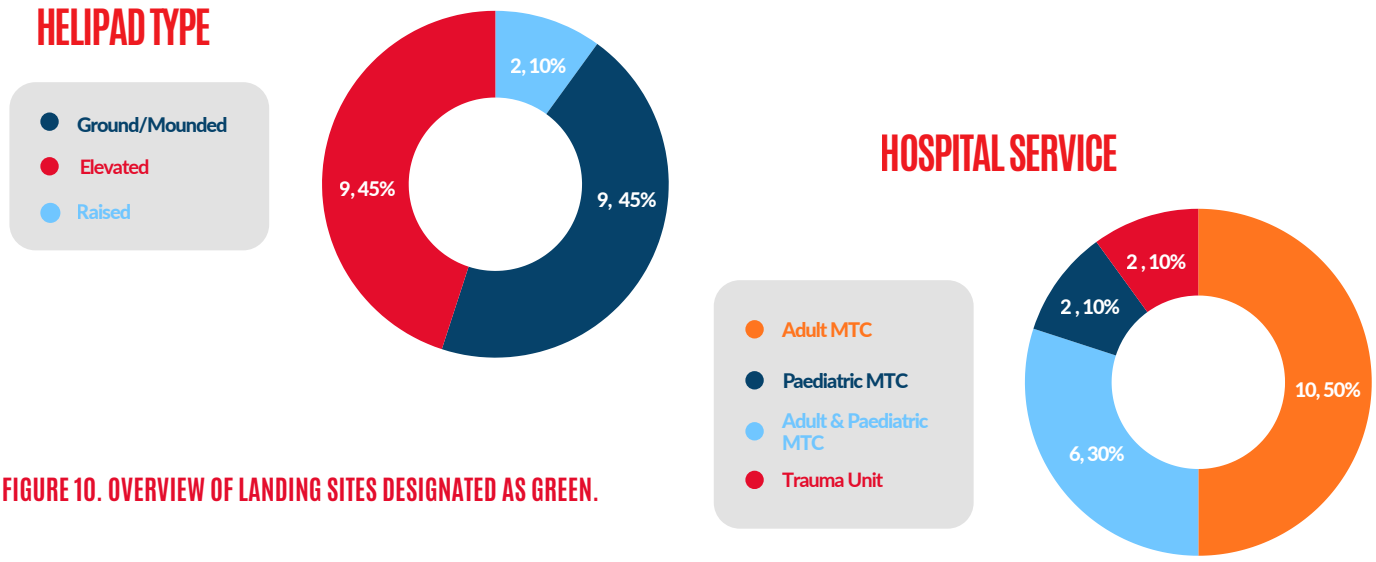

FIGURE 10. OVERVIEW OF LANDING SITES DESIGNATED AS GREEN.

SAFEGUARDING, PLANNING, AND POLICY GAPS

Hospital helipads do not have safeguards within the UK planning system which can leave them vulnerable to nearby building development that affects their operational capability. While aviation standards such as CAP 1264, alongside the emerging CAP 3199 consultation, Policy framework for Heliport Certification and Safety Management Systems (CAA, 2025), provide safety and operational guidance, there is no statutory protection in place.

Historically, guidance such as Health Building Note 15-03 (Department of Health Estates and Facilities Division, 2008) set clear NHS estate requirements for hospital helipads, however, this has not been replaced with an equivalent mandatory standard. The Town and Country Planning Direction (DfT, 2002) requires consultation with safeguarded aerodromes but does not extend the same protection to hospital helipads. This gap is not currently addressed within national planning policy, although it could be considered through future updates to the National Planning Policy Framework (NPPF) (Ministry of Housing, Communities & Local Government, 2024). There is also no national policy requirement for NHS sites to provide 24/7 on-site helipads.

As a result, provision is often determined locally, leading to variation in availability and operational capability. Furthermore, helipad infrastructure is not consistently embedded within NHS planning, commissioning, or capital investment decisions.

SUMMARY

The analysis shows an inconsistent picture of 24/7 on-site hospital helipad access across the UK. While some sites are fully operational and functioning as intended, a significant number are not. Over half of sites (53%) are either unable, or not consistently able, to support full operational capability for 24/7 on-site access, and more than a third (37%) either lack 24/7 on-site access altogether or do not have an operational helipad.

As previously mentioned, hospital helipads are neither formally protected nor formally required as part of NHS estates. This leads to clear regional differences where access to time-critical care is dependent on location. Limitations in helipad access can be seen across London, the South of England, the Midlands, the East of England, and parts of Scotland and Northern Ireland.

These gaps are not solely due to infrastructure. In many cases, they reflect operational, planning, and wider system challenges where existing helipads are not always used to their full potential. This weakens the effectiveness of the NHS and the wider urgent and emergency care system, and points to the need for a more consistent, coordinated national approach to improve the UK's hospital helipad network.

PART THREE: MAKING THE ARGUMENT

WHY CHANGE IS NEEDED - OPERATIONAL AND ECONOMIC IMPACT

FROM DELAY TO COST: THE NHS IMPACT

Gaps in safeguarded 24/7 on-site hospital helipad provision can introduce avoidable delays to urgent and emergency care. If direct access to hospital is not available, patients require a secondary transfer from air to land ambulance before reaching the hospital. In practice, this can add 10 – 25 minutes or more, depending on distance and local considerations (NHS England, 2020). These delays often occur when time is often a critical factor. For patients experiencing major trauma, quicker access to specialist care is closely linked to better outcomes (Griggs et al., 2026). Delays can also increase clinical risk and place additional pressure on NHS services (National Confidential Enquiry into Patient Outcome and Death, 2007).

RETURN ON INVESTMENT: OUTCOMES AND COST

Improving access to a hospital helipad helps create a more direct pathway into care. Earlier access enables faster clinical decision-making and can reduce the need for more intensive or prolonged treatment. In practice, this supports better patient flow and reduced reliance on critical care as well as a more efficient use of NHS resources (Rocks et al., 2020).

NHS COST IMPLICATIONS: DIRECT AND DOWNSTREAM IMPACT

The financial impact of hospital helipad gaps is both immediate and longer term. At the point of transfer, each secondary ambulance journey introduces an additional and largely avoidable cost. This cost typically falls within the range of £200 – £600 per incident (The King's Fund, 2025). Total costs likely higher once staffing and waiting time are taken into account. More significantly, delays to definitive care are associated with increased pressure on other resources due to longer hospital stays and increased complexity of treatment (Alharbi et al., 2021). In 2023, the average cost of a bed in intensive car was around £1,881 per day (UK Parliament, 2023). Even small increases in length of stay or critical care usage can therefore add up quickly (National Audit Office, 2010). These figures offer a baseline estimate and are likely conservative in the context of increasing healthcare costs.

SYSTEM EFFICIENCY: PRESSURE ACROSS THE WHOLE SYSTEM

Hospital helipad access limitations also affect land ambulance services. Secondary transfers require additional vehicles and crews, reducing availability for other incidents. This places additional strain on limited resources in a system already managing high levels of demand. Reducing these transfers would help streamline patient care pathways and support more efficient use of capacity across the NHS. However, future policy changes should not compromise secondary off-site landing sites. They remain essential when the primary on-site helipad site is inaccessible and should continue to be available where needed.

LOCAL IMPACT: A CLEAR ROLE FOR PARLIAMENTARIANS

While the operational and economic case is national, the impact is felt locally. Every constituency is served by an air ambulance charity and linked to hospitals within the urgent and emergency care network. Differences in helipad provision can affect patient access and outcomes across regions.

This report will be supported by a single accompanying whitepaper produced by the air ambulance community at a regional level, that will highlight real-time constraints around safeguarded 24/7 on-site helipad provision and provide insight into the number of missions and operational demand. Parliamentarians, therefore, have a clear and practical role to advocate for improvements and support the delivery of national policy priorities.

A CLEAR CASE FOR CHANGE

Overall, the evidence suggests that current gaps in the hospital helipad network is likely to introduce treatment and care delay, reduce efficiency, and increase pressure on NHS resources. Improving provision offers a practical way to support more direct access to care, improve outcomes, and make better use of existing (and future) services.

In many cases, this is less about expanding capacity and more about enabling NHS infrastructure to work as expected. As such, hospital helipads should be seen not as an individual issue, but as part of a wider effort to improve how urgent and emergency care is delivered.

STRATEGIC AND FISCAL CASE

GOVERNMENT AND CROSS-PARTY RELEVANCE

ALIGNMENT WITH GOVERNMENT AND NHS PRIORITIES

Safeguarded 24/7 on-site hospital helipad infrastructure would support a number of existing Government and NHS priorities. While this represents a clear policy step forward, it builds on and strengthens commitments already in place, including:

NHS 10-Year Health Plan: Focuses on equitable access to services and capital investment. Inconsistent access to hospital helipads can lead to regional differences in specialist care. Improving policy around helipad infrastructure will help ensure provision is more consistent across the UK.

NHS Medium Term Planning Framework (2026 – 2029): Prioritises productivity, reduced waiting times, and more integrated care pathways. By improving access to hospital helipads, patient pathways will be more direct which will reduce avoidable inefficiencies.

NHS Urgent and Emergency Care Plan (2025 – 2026): Aims to reduce delays and improve emergency care pathways. When hospital helipad access is limited, additional transfers result in avoidable delays.

NHS New Hospital Programme and UK 10-Year Infrastructure Strategy: Focuses on modern and resilient infrastructure. Embedding accessible hospital helipads ensures hospital estates are aligned with the needs of modern urgent and emergency care.

MTNs: Rely on direct access to specialist care, including during major incidents. Inconsistent access to hospital helipads can introduce delay and less effective of patient pathways.

FISCAL CONTEXT

Within the current fiscal environment facing the NHS, there is a clear focus on improving performance, modernising infrastructure, and making better use of existing resources (Spending Review, 2025). In this context, improving access to hospital helipads is a practical step. As outlined earlier, the HELP Appeal already provides a stable charitable funding base, meaning this report is not primarily about new Government capital.

A targeted contingency funding mechanism for hospital helipad infrastructure, however, would help ensure that where demand exceeds the HELP Appeal's capacity, delivery can still move forward with capital funding utilised at hospitals in greatest need. Still, it is important to be clear that the Government has a role in providing oversight and to support a coordinated national approach.

PUBLIC PERSPECTIVE

Air ambulance charities in the UK are supported by significant public contribution. £200 million is raised across the sector each year. This level of support reflects a clear expectation that, in a critical emergency, patients can be taken quickly to the care they need, at any time. Air ambulance services are widely seen as a vital part of emergency response, however, their ability to transfer patients directly to the most appropriate MTC or specialist hospital depends on the availability of a helipad.

As set out in Part Two, The National Picture, many parts of the UK lack 24/7 on-site hospital helipads, meaning this reasonable expectation is not always met in practice. While the public continues to support air ambulance charities, the NHS infrastructure needed to complete the timeliest transfer to a hospital is not always consistently in place.

CROSS-PARTY SIGNIFICANCE

Improving hospital helipads across the UK is a practical and deliverable step with broad relevance across the political spectrum. Timely access to specialist care will help reduce regional variation and contribute to a more consistent urgent and emergency care system. It also aligns with shared priorities around improving patient outcomes, improving NHS infrastructure, and ensuring value for public support of charitable services. As a practical approach, it offers a proportionate way to support the NHS and the broader urgent and emergency care network, not by significantly expanding the system but by helping it operate more effectively and consistently.

PART FOUR: IMPLEMENTATION AND ACTION

POLICY SOLUTIONS AND RECOMMENDATIONS - WHAT SHOULD BE DONE

Delivering a fully operational helipad network, which provides 24/7 on-site access across MTCs and specialist hospitals, with effective safeguards in place, requires a coordinated, cross-Government delivery framework across:

DHSC – national mandate, NHS policy and standards, and strategic oversight of infrastructure planning, with targeted capital intervention in exceptional circumstances, in coordination with HM Treasury.

DfT – aviation policy and oversight of regulation (delivered through the CAA), including the development of safety standards and guidance that inform hospital helipad safeguarding requirements.

MHCLG – oversight of the NPPF and the Town and Country Planning Direction 2002, including local authority decision-making, and responsibility for ensuring hospital helipad safeguarding requirements are enforced through the planning system.

Recommendations 1 – 4 set out an interdependent package of measures that require coordinated delivery. As no single Government department can deliver this outcome in isolation, the successful provision of safeguarded 24/7 on-site hospital helipads depends on alignment between health policy, planning and aviation frameworks.

1. MANDATE SAFEGUARDED 24/7 ON-SITE HELIPADS ACROSS ALL RELEVANT MTCS AND SPECIALIST HOSPITALS (EXISTING AND FUTURE)

LEAD: DHSC | DELIVERY: NHS

Introduce clear national NHS policy and standards mandating that all MTCs and specialist hospitals have access to a safeguarded 24/7 on-site, CAP 1264-compliant helipad, with planning and regulatory frameworks aligned to enable and protect its delivery. This must apply to all existing MTCs and specialist hospitals, through a time-bound national upgrade and retrofitting programme, and to all new hospital builds and major redevelopments (via the NHP), where it should be included as a mandatory design requirement (subject to demonstrable operational requirement and clinical demand).

DHSC and NHS to:

- Issue a formal national directive and policy standard, either through CAP 1264 or a Health Technical Memorandum, with statutory status.
- Establish commissioning requirements, including defined delivery timelines.
- Introduce compliance monitoring and accountability mechanisms.

2. EMBED SAFEGUARDED 24/7 ON-SITE HELIPADS IN NHS STANDARDS AND COMMISSIONING

LEAD: DHSC | DELIVERY: NHS AND INTEGRATED CARE SYSTEMS (ICS)

Ensure that:

- Safeguarded 24/7 on-site helipads are explicitly required within NHS service specifications, urgent and emergency care frameworks, and MTN standards.
- Helipads are treated as core NHS infrastructure, not discretionary estate. Any proposed closure, relocation, or material change by NHS trusts should be subject to national and regional oversight.
- National and regional oversight is established through the NHS, ICS, and MTNs to ensure consistent helipad planning and provision. This will include alignment of workforce capacity, training, and operational readiness.
- All future capital programmes (including the NHP) include on-site helipads as standard.

3. REFORM PLANNING POLICY AND STRENGTHEN SAFEGUARDS FOR HOSPITAL HELIPADS

LEAD: MHCLG | SUPPORTING: DFT

Update national planning policy and legislation to recognise hospital helipads as critical healthcare infrastructure and ensure that they are protected and capable of 24/7 operation.

This must include:

- Updating the NPPF to classify hospital helipads as essential to the delivery of urgent and emergency care.
- Strengthening the Town and Country Planning Direction 2002 to explicitly include hospital helipads within formal safeguarding regimes.
- Requiring mandatory consultation with air ambulance charities (and operators) for developments affecting current hospital helipad operations or future provision.
- Preventing or limiting nearby developments that compromise safe or continuous (including 24/7) hospital helipad operation.
- Supporting planning approaches that facilitate hospital helipad upgrades to achieve 24/7 capability that includes the removal or variation of restrictive conditions (such as limits on hours of operation).
- DfT working with the CAA to support alignment with aviation safety and airspace requirements and provide input into safeguarding definitions and any other operational requirements.

4. STRENGTHEN AVIATION AND REGULATORY ALIGNMENT

LEAD: DFT | DELIVERY: CAA

DDfT, in coordination with the CAA, should:

- Ensure consistent national application of the CAP 1264 and CAP 3199 (once in effect) standards.
- Support safe expansion to 24/7 on-site hospital helipad operations.
- Provide clear, unified guidance to DHSC, MHCLG, and NHS to reduce local variation and misalignment.

5. ESTABLISH AND EMBED A NATIONAL EMERGENCY HOSPITAL HELIPAD INFRASTRUCTURE CONTINGENCY FUND

LEAD: DHSC | SUPPORTING: HM TREASURY, MHCLG, NHS AND ICSS

Establish a targeted national funding contingency mechanism to ensure that critical hospital helipad infrastructure can be built or upgraded where demand exceeds the HELP Appeal's funding resource (or where urgent intervention is required to protect patient safety). This mechanism should be designed as a strategic backstop, not a primary funding route.

This should include:

- Acting as a contingency funding mechanism that is deployed only in exceptional or time-critical circumstances.
- Providing targeted access to NHS capital funding and be formally reflected within Spending Reviews.
- Maintaining national visibility of priority hospital helipad infrastructure requirements, in coordination with the HELP Appeal, air ambulance charities, NHS, and ICS.
- Aligning contingency funding with wider NHS priorities, including urgent and emergency care performance and system resilience.
- Complementing, not replacing, the established charitable-led funding model of the HELP Appeal.

6. LEAD AN INDEPENDENT NATIONAL INFRASTRUCTURE REVIEW OF HOSPITAL HELIPADS

LEAD: DHSC | DELIVERY: NHS

Utilising industry experts to undertake a nationwide review of NHS helipad infrastructure, operational capability, and efficiency.

This must:

- Identify where 24/7 on-site capability can be rapidly achieved.
- Prioritise existing sites that require targeted upgrades.
- Ensure long-term safeguarding of both current and future provision.
- Ensure the NHP is fully integrated into identifying and addressing all gaps and shortfalls.

DELIVERY FRAMEWORK

WHERE COORDINATION IS REQUIRED

OVERVIEW

The six recommendations set out can be delivered without a large-scale public spending commitment. There is already a proven funding and delivery model through the HELP Appeal, capable of supporting the majority of monetary hospital helipad infrastructure requirements. As highlighted throughout the report, the primary challenge is not funding, but system coordination and alignment across national and local planning. This requires cross-Government support. While infrastructure needs are targeted, safeguarded 24/7 on-site capability depends on alignment across health, planning, and aviation frameworks.

ROLE OF GOVERNMENT

The role of the Government is not to replace the HELP Appeal's existing funding model, but to direct and align policy, planning, and aviation frameworks, while removing barriers and enabling delivery.

EMERGENCY FUNDING AND CONTINGENCY FRAMEWORK

Funding for hospital helipads should follow a coordinated national approach, centred on the HELP Appeal as the primary partner, supported by a Government-backed emergency contingency fund where needed. Clear national coordination is required that is aligned with urgent and emergency care priorities. The contingency mechanism should be deployed only in exceptional or time-critical circumstances. Targeted access to NHS capital funding where demand exceeds charitable capacity should be available to operate as a strategic safeguard rather than a routine funding stream. This approach provides a risk-managed framework that ensures no critical helipad infrastructure gaps remain unresolved.

DELIVERY MODEL

A coordinated national delivery model would involve:

- The HELP Appeal as the lead funding partner for hospital helipad infrastructure.
- NHS Trusts and ICS leading local planning and integration within urgent and emergency care pathways.
- Government (DHSC, DfT, MHCLG, and HM Treasury) providing strategic oversight, cross-Government alignment, and contingency-based funding support where required.

This establishes a clear, partnership-based model. Each partner will have defined roles to support consistent national delivery which is capable of implementing the recommendations set out in this report. The following delivery roadmap sets out how this model can be implemented in practice, with clear short, medium, and long-term actions across Government and the NHS.

DELIVERY ROADMAP

HOW IT WILL BE IMPLEMENTED

STRATEGIC PHASING

Implementation should be supported by a phased, cross-Government delivery roadmap, with defined short, medium, and long-term priorities. Clear lead departmental responsibilities across DHSC, DfT, and MHCLG should be determined.

This sets out a practical pathway to a safeguarded 24/7 operational on-site hospital helipad network. The approach is based on a coordinated delivery model, underpinned by funding through the HELP Appeal and supported by Government policy leadership and coordination, with targeted capital support only needed in exceptional circumstances.

SHORT-TERM PRIORITIES (0 - 2 YEARS) - POLICY, STANDARDS, AND SYSTEM READINESS

- **DHSC** to mandate, through CAP 1264 or a Health Technical Memorandum with statutory status, that all MTCs and specialist hospitals have access to a safeguarded 24/7 on-site helipad. This will be supported by a clear policy directive and delivery timelines for full implementation across all existing and future sites.

- **NHS** to update commissioning specifications and urgent and emergency care frameworks to embed safeguarded 24/7 on-site helipads as core NHS infrastructure. Any proposed changes should be subject to national and regional oversight through the NHS, ICS, and MTNs. Alignment of workforce capacity, training, and operational readiness is also required.

- **MHCLG**, working with **DHSC** and **DfT**, to introduce initial NPPF updates and planning guidance. They will also begin to reform the Town and Country Planning Direction 2002 and support the early enablement of 24/7 on-site hospital helipad operations by addressing planning, regulatory, and operational barriers.

- **DfT** and the **CAA** to ensure consistent application of CAP 1264 and alignment with emerging CAP 3199 recommendations to provide clear direction to DHSC, MHCLG, and the NHS to reduce variation across helipads.

- **DHSC** to establish the National Emergency Hospital Helipad Infrastructure Contingency Fund and to include clear criteria for allocation of emergency funding.

- **DHSC** and **HM Treasury** to initiate integration of hospital helipad infrastructure into NHS capital planning and Spending Review cycles. Provision for contingency-based funding in emergency circumstances will also be established.

- **DHSC** to deliver (with relevant industry expertise) and publish findings from the national hospital helipad infrastructure review, including full integration of the NHP.

MEDIUM-TERM PRIORITIES (3 - 5 YEARS) - DELIVERY AND SYSTEM INTEGRATION

- **DHSC** and **NHS** to ensure full delivery of the national mandate and policy directive. Timelines confirming progress across existing and future sites in-line with RAG-informed prioritisation will be provided.
- **NHS** and **ICS** to embed safeguarded 24/7 on-site helipad access within commissioning, capital planning, and estate strategies. This will ensure consistent application and alignment with national and regional oversight arrangements governing any changes and will include configuration of workforce capacity, training, and operational readiness.
- **MHCLG**, working with **DHSC** and **DfT**, to implement formal updates to the NPPF and complete reforms to the Town and Country Planning Direction 2002, making sure hospital helipads are fully safeguarded and planning frameworks consistently enable 24/7 operation.
- **DfT** and the **CAA** to fully embed CAP 1264 and CAP 3199 across all relevant hospital sites, ensuring consistent national application of aviation safety and operational standards, with continued direction to DHSC, MHCLG, and the NHS.
- **DHSC** and **HM Treasury** to maintain the National Emergency Hospital Helipad Infrastructure Contingency Fund within Spending Review cycles and NHS capital planning frameworks, enabling timely and proportionate intervention when and where required.
- **DHSC**, **NHS**, and **ICS** to implement the findings of the national hospital helipad infrastructure review, in alignment with the national mandate, policy directive, and standards.

LONG-TERM PRIORITIES (5+ YEARS) - FULL SYSTEM STANDARDISATION AND RESILIENCE

DHSC, **DfT**, **MHCLG**, and **HM Treasury** to ensure all MTCs and specialist hospitals achieve:

- Safeguarded 24/7 on-site helipad infrastructure, aligned with the national mandate and policy directive, standards, and planning and aviation frameworks.
- Embedding safeguarded 24/7 on-site helipad provision as a standard NHS estate requirement, integrated into all future developments and infrastructure planning processes. Changes should be subject to national and regional oversight, including alignment of workforce capacity, training, and operational readiness.
- Full alignment and consistent application of planning and aviation frameworks (NPPF, Town and Country Planning Direction 2002, CAP 1264, and CAP 3199) to ensure long-term safeguarding of infrastructure and operational capability.
- Continuation of the HELP Appeal-led funding model as the primary mechanism for helipad funding, supported by the Government's National Emergency Hospital Helipad Infrastructure Contingency Fund.
- Ongoing national monitoring and periodic reassessment of hospital helipad infrastructure, informed by the independent national review.

PART FIVE: DEMONSTRATING IMPACT

A REAL-TIME CASE STUDY - EAST ANGLIAN AIR AMBULANCE

CAMBRIDGE UNIVERSITY HOSPITALS (CUH) HELIPAD: SECURING HELICOPTER ACCESS FOR THE EAST OF ENGLAND'S MAJOR TRAUMA AND SPECIALIST CARDIAC CENTRES

Cambridge University Hospitals NHS Foundation Trust (CUH) hosts the only MTC in the East of England, serving a population of over six million people. The site also supports Royal Papworth Hospital (RPH), an internationally recognised centre of excellence for cardiac and cardio-thoracic care. As a result, rapid and reliable helicopter access is mission-critical to regional trauma, cardiac, and specialist pathways, where minutes can directly influence patient survival and long-term outcomes.

The current CUH helipad is a ground-level temporary facility, relocated in 2022 to maintain emergency air access while major estates redevelopment plans progressed. It was granted time-limited planning permission and was expressly intended as an interim solution, pending delivery of a permanent rooftop helipad as part of longer-term hospital redevelopment.

During 2024 and 2025, the long-term operational viability of the existing CUH helipad progressively deteriorated, driven by cumulative development activity across the Cambridge Biomedical Campus, increasing constraints, requiring ongoing aviation deconfliction, safeguarding measures, and operational mitigations to maintain safe helicopter access during construction activity.

Updated aviation safeguarding assessments confirmed that while access could be maintained in the short term through careful management and procedural controls, this position was becoming increasingly fragile. By early 2025, available flight paths had reduced from five to three as a result of wider campus development, with further restrictions anticipated as construction activity intensified.

The position changes fundamentally with the planned commencement of Cambridge Children's Hospital (CCH) construction, scheduled for Summer 2027. The CCH building programme, including the installation of high-rise cranes, will sit directly beneath the helipad's primary and prevailing wind approach path. Once these works commence, aviation assessments confirm that the existing helipad will no longer be safely accessible, rendering it effectively inoperable. This creates a clear, time-bound risk: the loss of direct helicopter access to the East of England's only Major Trauma Centre and to Royal Papworth Hospital.

In response, East Anglian Air Ambulance (EAAA) assumed an active leadership role, working in close partnership with CUH, Royal Papworth Hospital, regional air ambulance providers, aviation specialists, planners, and national stakeholders to protect continuity of access.

This work required sustained coordination across multiple organisations, often with differing priorities and timescales, while maintaining focus on patient safety and operational continuity.
As of 2026, the position is clear and increasingly urgent:

- The existing CUH helipad cannot remain operational once major construction of the CCH begins, scheduled to commence in Summer 2027.

- A permanent on-site rooftop helipad is unlikely to be deliverable for many years, given wider redevelopment timelines and funding constraints.

- A temporary off-site helipad is therefore the only realistic solution to preserve helicopter access to both the MTC and RPH in the medium term.

A clear and deliverable plan is now in place. EAAA is leading the development and construction of a new temporary off-site helipad, working in close collaboration with CUH. In parallel, CUH is developing a formal business case to commit to operating and managing the helipad once constructed, ensuring it is fully integrated into hospital emergency, trauma, and cardiac pathways.

The project is funded by the HELP Appeal, enabling early progress without reliance on constrained NHS capital funding. Delivery depends on continued multi-organisational cooperation, including EAAA, CUH, regional air ambulance partners, aviation specialists, planners, and statutory bodies.

Without this intervention, the region faces a prolonged period during which its most critically injured and unwell patients cannot be flown directly to definitive care, a risk now clearly recognised at regional and national level.

This case illustrates the tight interdependency between infrastructure, planning, aviation safety, and clinical outcomes. It demonstrates the importance of early evidence-based intervention, clear system leadership, and sustained multi-agency collaboration where patient access is threatened by wider estates and development pressures.

Above all, this work underscores a fundamental truth that extends far beyond a single region: helicopter access is essential national health infrastructure. It forms a vital link between pre-hospital critical care and the UK's most specialised centres of excellence, enabling rapid access to life-saving trauma, cardiac, and specialist treatment when time matters most.

SUPPORTING INFORMATION

ABOUT THE APPG FOR AIR AMBULANCES

The All-Party Parliamentary Group for Air Ambulances is a cross-party group of Members of Parliament who work together to support the UK's air ambulance sector. It provides a platform to raise awareness of the vital role air ambulance charities play in delivering lifesaving pre-hospital care, and to engage Government on the key challenges facing the sector.

The APPG's objectives are to drive positive advancements for the UK's air ambulance charities, champion improvements in the delivery of lifesaving pre-hospital care, and support collaboration between Parliament, Government, and the sector.

OFFICERS:

Following the APPG's most recent Annual General Meeting on 10 March 2026, the four elected Officers at the time of publication are:

CHAIR:
PETE WISHART MP

VICE-CHAIR:
BARONESS FOSTER OF AGHADRUMSEE

VICE-CHAIR:
RUSHANARA ALI MP

VICE-CHAIR:
DAVID REED MP

SECRETARIAT:

Air Ambulances UK acts as the Secretariat to the APPG, supporting its work programme, parliamentary engagement, and coordination with the UK's 21 independent air ambulance charities.

CONTACT:

For further information or to engage with the APPG, please contact:
Air Ambulances UK via appg@airambulancesuk.org
All Party Parliamentary Group - Air Ambulances UK


G-DSAA
DORSET & SOMERSET
Air Ambulance

APPENDICES AND SUPPORTING DATA

APPENDIX A - DEFINITIONS AND ABBREVIATIONS SPECIFIC TO THIS REPORT

1. GOVERNMENT DEPARTMENTS, PARLIAMENTARY GROUPS, AND PUBLIC BODIES

- All-Party Parliamentary Group for Air Ambulances (APPG)
- UK Civil Aviation Authority (CAA)
- Department for Transport (DfT)
- Department of Health and Social Care (DHSC)
- HM Treasury (HMT)
- Integrated Care Systems (ICS)
- Ministry of Housing, Communities and Local Government (MHCLG)
- National Health Service (NHS)
- New Hospital Programme (NHP)

2. HOSPITALS, NHS SERVICES, AND TRAUMA NETWORKS

Major Trauma Centres (MTCs): Hospitals within the MTN that provide consultant-led care for patients with the most severe and life-threatening injuries.

Major Trauma Networks (MTNs): Regional NHS networks that coordinate trauma care pathways between ambulance services, Major Trauma Centres, Trauma Units, and specialist services to ensure patients receive treatment at the most appropriate hospital.

Trauma Units (TUs): Hospitals within the MTN that provide initial assessment, resuscitation, and stabilisation of trauma patients before transfer to a Major Trauma Centre if required.
Specialist hospitals: Hospitals providing advanced, time-critical specialist services for patients requiring rapid access to specific clinical expertise.

Urgent and Emergency Care (UEC): The part of the NHS that provides immediate and time-critical care for patients with urgent or life-threatening conditions. This includes services such as ambulance response, emergency departments, MTNs, and other specialist urgent care pathways.

3. HELIPAD INFRASTRUCTURE AND OPERATIONAL

Hospital helipad: A designated area on the ground where helicopters can land and take off, typically located at or near a hospital.

Safeguarded 24/7 on-site access: A hospital helipad with safeguarded 24/7 on-site operational availability.

Limited 24/7 access: Helipad capability that is not consistently available for unrestricted 24-hour operations.

Secondary landing site: An alternative landing location used when access to a primary hospital helipad is unavailable which may require onward secondary transfer of the patient by road ambulance.

Secondary transfer: The transfer of a patient by road ambulance between locations following an air ambulance landing at an off-site or inaccessible hospital helipad.

Downwash: Airflow generated by helicopter rotor blades, which can impact the safety of pedestrians during helicopter landing or take-off to hospital helipads.

4. STANDARDS AND REGULATORY FRAMEWORKS

CAA CAP 1264: Guidance for landing areas at hospitals that outlines the requirements for design, safety, lighting, and helicopter operations.

CAP 3199: Proposed Civil Aviation Authority guidance on heliport certification and safety management system which is currently under development at the time of publication.

National Planning Policy Framework (NPPF): The Government's national planning policy framework guiding local authority decision-making on planning matters in England.

Town and Country Planning (Safeguarded Aerodromes, Technical Sites and Military Explosives Storage Areas) Direction 2002: A statutory planning direction requiring consultation with safeguarded aviation infrastructure, which does not consistently extend protection to hospital helipads.

Health Building Note (HBN 15-03): A now withdrawn NHS estates guidance document that defined the requirements for the design and operation of hospital helipads. It has since been superseded by Civil Aviation Authority guidance (CAP 1264).

5. ASSESSMENT AND DATA TERMS

RAG classification (Red / Amber / Green). A traffic-light system used to assess helipad operational capability:

Red: Do not support safe and effective 24/7 on-site access, meaning air ambulance patients cannot be reliably transferred directly to hospital at any time of the day or night.

Amber: Provide limited 24/7 on-site access and require improvement, with operational, staffing or facility constraints that restrict capability.

Green: Provide 24/7 on-site access and are either fully or partially compliant with the CAP 1264 guidance – Standards for Helicopter Landing Areas at Hospitals.

APPENDIX B - RAG DATASET

Hospital	Designation	Hospital Services
Aberdeen Royal Infirmary (Royal Aberdeen Children's Hospital)	Red	Adult & Paediatric MTC
Addenbrooke's Hospital (Cambridge)	Red	Adult & Paediatric MTC
Aintree University Hospital (Liverpool)	Green	Adult MTC
Alder Hey Children's Hospital (Liverpool)	Green	Paediatric MTC
Birmingham Children's Hospital	Red	Paediatric MTC
Bristol Royal Infirmary (Bristol Royal Hospital for Children)	Red	Paediatric MTC
Broomfield Hospital	Amber	Trauma Unit
Derriford Hospital (Plymouth)	Green	Adult MTC
Great Western Hospital (Swindon)	Green	Trauma Unit
Hereford County Hospital	Red	Trauma Unit
Hull Royal Infirmary	Green	Adult MTC
John Radcliffe Hospital (Oxford)	Green	Adult & Paediatric MTC
Leeds General Infirmary	Green	Adult & Paediatric MTC
Manchester Royal Infirmary	Green	Adult MTC
Ninewells Hospital (Dundee)	Amber	Adult MTC
North Devon District Hospital	Amber	Trauma Unit
Northern General Hospital (Sheffield)	Green	Adult MTC
Queen Elizabeth Hospital Birmingham	Red	Adult MTC
Queen Elizabeth University Hospital (Glasgow)	Green	Adult & Paediatric MTC
Queen's Medical Centre (Nottingham)	Red	Adult & Paediatric MTC
Royal Cornwall Hospital (Truro)	Amber	Trauma Unit
Royal Devon and Exeter Hospital	Green	Trauma Unit
Royal Infirmary of Edinburgh	Green	Adult & Paediatric MTC
Royal Preston Hospital	Green	Adult MTC
Royal Stoke University Hospital	Amber	Adult MTC
Royal Sussex County Hospital (Brighton)	Green	Adult MTC
Royal United Hospital (Bath)	Amber	Trauma Unit
Royal Victoria Hospital (Belfast)	Amber	Adult & Paediatric MTC
Royal Victoria Infirmary (Newcastle)	Green	Adult & Paediatric MTC
Salford Royal Hospital	Green	Adult MTC
Salisbury District Hospital	Amber	Trauma Unit
Sheffield Children's Hospital	Green	Paediatric MTC
Southampton General Hospital	Amber	Adult & Paediatric MTC
Southmead Hospital (Bristol)	Amber	Adult MTC
St George's Hospital (London)	Red	Adult & Paediatric MTC
St Mary's Hospital (London)	Red	Adult & Paediatric MTC
The James Cook University Hospital (Middlesbrough)	Green	Adult MTC
The Royal London Hospital	Red	Adult & Paediatric MTC
Torbay Hospital	Amber	Trauma Unit
University Hospital Coventry	Green	Adult MTC
University Hospital of Wales (Cardiff)	Green	Adult & Paediatric MTC
Wolverhampton New Cross	Red	Trauma Unit
Worcestershire Royal Hospital	Amber	Trauma Unit

APPENDIX C - REFERENCE LIST

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