



## The All-Party Parliamentary Group for Air Ambulances

Wednesday 15 November 2023: 10:00am – 11:00am

Room P in Portcullis House

### Attendees

**Chair:** Robert Courts MP (Chair)

**Members:** David Findlay (DF) on behalf of Alberto Costa MP, Elaine Wylie (EW) on behalf of Pete Wishart MP

**Secretariat:** Simmy Akhtar (SA), CEO, Air Ambulances UK (AAUK), Jamie Ward (JW), Policy and Public Affairs Manager, Air Ambulances UK (AAUK), Emma Carter (EC), Head of Income Generation, Air Ambulances UK (AAUK)

**Guests Organisations:** Matthew Jones (MJ), CEO, East Anglian Air Ambulance (EAAA), Richard Hindson, Director of Operations and Infrastructure, East Anglian Air Ambulance (EAAA)

<u>TIME</u>	<u>ITEM</u>	<u>LEAD</u>
10:00am	<b>Arrival &amp; Welcome</b>  The Chair welcomed all attendees, followed by a round of introductions.	Chair
10:05am	<b>Meeting Objectives</b>  <u>Priority workstream 1: hospital helipads and community landing sites</u>  RC outlined AAUK's three policy and lobbying objectives to review during the meeting:  <ol style="list-style-type: none"><li>1. To agree a strategy to lobby for UK air ambulance charities to have 24/7 access to an on-site primary hospital helipad at their respective regional Major Traum Centre (MTC).</li><li>2. To agree a strategy to lobby for the Department for Transport and the UK Civil Aviation Authority to collaborate and establish a distinctive licensing process and pathway aimed at safeguarding hospital helipad operations in the UK.</li></ol>	Chair

	<p>3. To agree a strategy so that when it concerns UK-wide hospital helipads and community landing sites, AAUK to be listed as a statutory consultee in all strategic planning conversations.</p>	
<p>10:10am</p>	<p><b>Hospital Helipads and Community Landing Sites: Briefing</b></p> <p><u>Briefing Report on Hospital Helipads and Community Landing Sites &amp; PMQs</u></p> <p>JW summarised the key issues in the briefing paper:</p> <p>1.1 Some of the 33 Major Trauma Centres in the UK do not have an on-site primary hospital helipad in operation day or night. Of the 33 Major Trauma Centres in the UK only 17 (52%) have an on-site primary hospital helipad available during the night, however, not all are in operation 24/7 due to planning constraints. The recommendation was for the APPGAA to lobby for legislative change to ensure all new and existing UK Major Trauma Centres have an on-site primary hospital helipad that is accessible 24/7.</p> <p>1.2 Almost all hospital helipads are unlicensed heliports. Consequently, no safeguards are in place as there is no requirement for statutory consultation concerning planning and developments. The recommendation was for the APPGAA to lobby to urge the Department for Transport and the UK Civil Aviation Authority to collaborate and establish a distinctive licensing process and pathway aimed at safeguarding hospital helipad operations in the UK.</p> <p>1.3 Air Ambulances UK is not listed as a statutory consultee to engage in strategic planning conversations with NHS England, NHS Scotland, NHS Wales and HSC in Northern Ireland, NHS Trusts and Boards, and Local Authorities, concerning hospital helipads and community landing sites. The recommendation for the APPGAA to lobby to support Air Ambulances UK to become a listed statutory consultee in all strategic planning conversations with NHS England, NHS Scotland, NHS Wales and HSC in Northern Ireland, NHS Trusts and Boards, and Local Authorities, concerning hospital helipads and community landing sites.</p> <p>RC stated that it is clear what the issues and the recommendations are, and requested more detail on the hospital helipad issue to further clarify how parliamentarians can assist effectively due to the bandwidth. Requests must be fed through clearly and dealt with in a manageable way to pursue change due to the technical/complex of information. SA added AAUK has contacts within the CAA and it was also clarified that the briefing report outlines suggested PMQs for parliamentarians to ask.</p> <p>MJ/RH confirmed that the general perception is that a helicopter simply goes up and down during take-off and landing. However, an aircraft has a flight path that can be impeded by building works, hospital buildings and temporary structures. If air ambulances are not aware of temporary landing site changes there will be an impact. An example being the presence of a crane could mean that an air ambulance would be unable to land for six weeks or even indefinitely.</p>	<p>Chair</p>

MJ added that this is key background to reinforce the importance of 1.3 in the briefing report to protect and safeguard operations so that patient care is not jeopardised in any construction.

Addenbrooke's Hospital was discussed in some detail as a practical example, as it is not clearly accessible for some aircraft and in a few years with approved planning, this will be completely inaccessible for all aircraft impacting patient care.

In the immediate short-term, the Addenbrooke's helipad shuts at 9pm and there is restriction on some aircraft already due to a limited flight profile, EAAA know that the approved development for five years' time will make the site inaccessible, and prior to this the cranes being used will also render the site inaccessible. MJ confirmed that EAAA have not been listed as a statutory consultee within the Addenbrooke's hospital development which is problem due to the reduced knowledge that the local authority has on such matters. EAAA weren't aware of the previous applications and as a result weren't able to comment on the consultation. There is an issue of bandwidth within a small regional charity as they don't have the capacity to scan planning applications regularly.

RC shared the challenges of lobbying for change regarding statutory consultees because it is not favorable to open the number of statutory consultees, however it is laudable in some individual circumstances. It was also raised that when a planning application is made the Secretary of State can require them to list a certain organisation. It was also raised that the APPGAA can apply and lobby for an overall change in law however there can be resistance. It is important that education is applied for NHS Trusts and local authorities to ensure there is understanding that in those circumstances when the aircraft operator or the hospital states we have this issue, the respective organisation can then go to their MP and push for consultation direction. It was acknowledged that turnover within NHS Trusts and local authorities makes this a further challenge and other local priorities can take precedence.

MJ added that HHLS should be safeguarded within local planning, so that where there is any development within the flight path there is an obligation on local planning authority to consult with appropriate consultees. DF shared that statutory engagement has not taken place in their local constituency with the air ambulance charity covering Leicestershire.

To move forward, RC suggested that a clearer scoping exercise is required on all related issues to form clear and concise written questions to understand the national and local position. There is also a need for the APPGAA Membership to ask what considerations the Secretary of State for DHSC has given for requiring the operators of an air ambulance to be statutory consultees for the local planning around their HHLS. The intention of this would be so that the Department can confirm their position and the exact current circumstances.

SA added that logistically all the air ambulance charities are different, so we need to work out the process and how we take this forward through written PMQS as it is important to scope out the issues further. The solution needs to be applicable across all areas of the UK. It was discussed further that there should be a two-tiered approach, for example regarding quick-wins and what can be achieved in the long-term in-line with our objectives. Air ambulance charities should be on the statutory list of consultees as they are a lifesaving service even if this takes time to achieve.

	<p>RC reiterated and suggested that the APPGAA should focus on short-term change whereby local air ambulances liaise with local authorities directly rather than being listed as a statutory consulate via AAUK due to the realism of achieving change regarding a statutory consultee status, especially in the short-term.</p>	
<p>10:20am</p>	<p><b>East Anglian Air Ambulance: MTC Hospital Helipad Case Study</b></p> <p><u>A case study on Cambridge University Hospitals (CUH)</u></p> <p>MJ presented a regional case study with a focus on the area EAAA serves but it was noted that similar contextual issues apply elsewhere across the UK. It is important to remember that air ambulance charities treat the most severely ill and injured which equates to less than 1% of the ambulance service calls.</p> <p>MJ highlighted the six counties they serve and the map shows the helipads plotted that are available to EAAA in the daytime and in contrast those available at night. To compare what happens at night-time in the dark after 9pm the north part of the region is well served but the southern part of the region is where most of the population is - there is a better road network but they are nowhere near helipads. If a patient is too unstable and can't be flown to an MTC during the night they will instead have to be taken to the local hospital which can significantly impacting the patient outcomes.</p> <p>BF asked what the difference is in survival rates. EAAA haven't analysed survival rates between day and night but they have clear evidence that shows that patients that go to MTC and/or cardiac centres have better outcomes than those who go to local hospitals so logically the day outcomes are often greater. EAAA stated that there are four specialist cardiac centres in the East of England, which are all available to EAAA within a 20-minute flight-time during the day as they all have helipads. However, after dark, Norwich is the only accessible helipad.</p> <p>The MTC in Cambridge is the only MTC, EAAA's area is a particularly good case study as most other regions have more than one MTC so they are more easily accessible by road. In this region there is a huge area with only one MTC where the most injured patients in the area are taken to and after 9pm it isn't accessible.</p> <p>Rooftop helipads require 24/7 manning by fire crews and hospitals simply don't do this during the hours of darkness. It paints a picture of health inequality depending on where you suffer your incident and what time of day.</p> <p>Within the NHS New Hospital Programme there is an opportunity to ensure helipads are well considered and safeguarded within their policy.</p> <p>MJ also informed the group of their engagement with their MP regarding the planned review and update of the following circular by DfT: The town and country planning (safeguarded aerodromes, technical sites and military explosives storage areas) direction 2002. MJ confirmed that a review of the above circular is expected to take place but there has not been any further communication since receiving the exchange. It was noted that within the letter there appears to be a belief that hospital helipads are protected/safeguarded within the noted circular which is incorrect.</p>	<p>EAAA</p>

10:30am	<p><b>Hospital Helipads and Community Landing Sites: Next Steps</b></p> <p><u>APPG next steps to support Hospital Helipads and Community Landing Sites</u></p> <p>RC would like to see the briefing report’s key issues broken down further into more specific granular asks. As well as asking MPs to get their staff to ask written questions. Identify the pathway to provide a clear specific route to achieving policy change.</p> <p>RC suggested that the APPGAA should focus on short-term change for local air ambulances to liaise with their local authorities rather than being listed as a statutory consulate.</p> <p>AAUK to engage with the sector to focus on how we are going to achieve change, rather than the result, in a clear, easy, understandable, deliverable way and then to send a range of written PMQs to the Minster to start to affect change.</p> <p><b>Agreed next steps for AAUK:</b></p> <ol style="list-style-type: none"> <li>1. To agree and form a Helipad Strategic Innovation Committee with the wider sector to reign in further to provide a clear pathway to act on the lobbying requests around HHLS &amp; CLS.</li> <li>2. Once the Committee is developed, this could also be supported by writing clear written questions to multiple MPs to raise the issue further and to generate expanded awareness. The issue needs to influence and target those who are creating policy advice. Ministers are guided by the advice they are given.</li> </ol>	Chair
10:45am	<p><b>Annual Parliamentary Reception: 01.05.2024</b></p> <p><u>An update on the scheduled event</u></p> <p>The Annual Parliamentary Reception for the APPGAA is diarised for 1 May 2024. Located in The Terrace Pavilion. Further details to follow in due course.</p>	Chair
10:50am	<p><b>AOB &amp; Close</b></p> <p>None raised.</p>	Chair