Dear Annie,

Emergency Medical Retrieval Service Response to Evaluation Report

The independent evaluation of the Emergency Medical Retrieval Service demonstrates that the introduction of the service has been a success for the Scottish Government Health Department, rural health care providers and for rural patients. In rural West of Scotland alone, in its first year the EMRS has been shown to have saved the lives of twenty four rural patients who would otherwise have died. A life is saved for every nine EMRS missions undertaken. The additional improvements in functional outcome for survivors are immeasurable.

Already the service is seen as the UK leader in secondary retrieval and is highly regarded by clinical colleagues worldwide.

The EMRS consultants welcome the findings of the service evaluation. We commend DTZ for their work in a complex project with multiple stakeholders. We acknowledge that a definitive conclusion regarding a single favoured option has been challenging. We believe this is for a number of reasons including the recent increase in EMRS mission activity and simultaneous requests and the eleventh hour stance taken by the ambulance service with regard to additional aircraft resources reported as being required.

Had the ambulance service conducted a prospective study of aircraft use and costs during the pilot and submitted robust data and evidence we believe that DTZ would have had sufficient information and time to produce a more definitive conclusion for rural aeromedical retrieval in Scotland.
As the group of rural retrieval consultants we believe that, from a safety, clinical effectiveness and feasibility perspective, only options B and D are viable.

We have serious concerns about the possible implementation of option C i.e. the doubling current operational activity with a single team operating from Glasgow. We feel very strongly that this option would be unworkable and would cause serious detriment to rural patient care. We believe that option D with two teams is the only safe and sustainable way to provide a remote and rural critical care retrieval service for Scotland. If for prohibitive ambulance service costs, this is not affordable then the current West of Scotland Service, option B, should continue.

The success of the EMRS pilot has been due to three main factors:

- Patient safety and excellence in quality of care
- EMRS team safety and commitment
- Service reputation for quality and responsiveness

It is essential that the service is adequately resourced to maintain these factors. We would argue that EMRS activity is the most physically demanding and high-risk activity in terms of clinical and personal safety undertaken by any group of clinicians in the United Kingdom. The physical and emotional demands of frequent, prolonged aeromedical missions, often at night, in poor weather in military aircraft caring for unstable patients in thirty different referring centres with unfamiliar staff and limited facilities should not be underestimated.

Option C would involve a doubling of operational retrieval time (50% increase in missions of double duration) with the existing single team. This would undoubtedly compromise the three factors currently making the service a success, rendering the future of the service unsafe and unsustainable.

The West of Scotland EMRS is effective in saving lives because it can rapidly deliver a trained retrieval consultant to the right patient in the right time. This has been achievable as demand for the service was matched by the capacity provided. When a rapid response is required from an emergency service with unpredictable demands, a degree of redundancy is required. Response times during the WoS EMRS pilot have shown that the balance of demand, capacity and redundancy is optimal.

During the current pilot when rural colleagues have requested the help of the team while we have been engaged on existing missions we have been able to respond by providing rapid access to another consultant for telephone advice in 100% of cases and where possible we have managed to deploy an off duty consultant to undertake the simultaneous request. This is an unpaid and voluntary undertaking and is not sustainable in the longer term, especially if simultaneous demands increase. Identifying volunteer consultants to undertake twelve hour retrievals to the Northern Isles on an ad-hoc basis is likely to be impossible.

Option C would result in the EMRS being unable to respond to a significant number of patients with time critical, life threatening conditions due to simultaneous or serial requests. We have calculated that the number of simultaneous retrievals occurring with a national service would be in excess of 75 per year. This would mean that one in four rural clinician requests for a retrieval consultant’s expertise could not be responded to. This would result in poor patient outcome and the ambulance service having to undertake hazardous transfers without sufficient support. Pressure would be placed on individual consultants to undertake prolonged, demanding serial missions when fatigued, compromising their safety and the safety of patients. This is a particular problem at weekends with peak activity and prolonged duty periods. Fatigued doctors making critical decisions and undertaking hazardous invasive procedures should be avoided at all costs.
With the current WoS service, the team is fortunate to have earned universal support from rural colleagues. This is principally due to adequate resource to provide a rapid response when our rural colleagues need our help. With option C the team will be unable to respond rapidly to patients with life threatening conditions on average 1.5 times every week. Within months of operating a single team national service the reputation of the service for its responsiveness will be irreparably damaged.

With five years of Scottish aeromedical retrieval experience the EMRS consultant team have a unique set of skills and knowledge which cannot be found in any other consultant group. Our commitment to remote and rural emergency care was clearly demonstrated by our four years of voluntary, unpaid service in the Argyll and Bute EMRS. The excellent performance of the current WoS service gives us considerable pride and continues to inspire our involvement in service development. We feel that the working pattern and physical demands of option C, combined with the deterioration in our service’s reputation would be seriously detrimental to morale and would result in a significant number of consultants opting no longer to undertake retrieval duties. At a recent meeting of eleven of the EMRS consultants, eight consultants said that if option C was implemented they would not wish to continue working with the service.

Option D would provide adequate staffing resource to maintain functional work patterns and team commitment.

A single team national service with currently predicted demands would be under resourced from day one. Achieving extra resource at a later date would be extremely challenging. We would ask that consideration is given to the potential future role of a world class national Scottish retrieval service in solving a range of current and future health care challenges such as rural hospital staffing, semi-rural district general hospital critical care provision, optimal pre-hospital care for major trauma, national major incident response and critical care transfer from semi-rural hospitals such as Dumfries, Borders and Elgin.

If option D is not seen as affordable, continuing with our West of Scotland Service should be the only safe alternative.

Adequately resourcing Scotland’s Emergency Medical Retrieval Service will ensure safety and sustainability. It will also facilitate solutions to other existing and future critical care and transfer provision challenges.

Yours sincerely

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