

The Cornwall Air Ambulance – A Brief History Of The Early Days

By Geoff Newman

In the spring of 1986 I had just returned from China where I had been working as an Aviation Consultant for a consortium of western oil companies.

The trip had not been particularly successful. It had been organised to support the bid by a British helicopter company to win a contract from the Chinese government to supply a complete Search and Rescue Helicopter Service for the Chinese coastline.

We had failed; stumbling when the representative from the State Economic Council asked if the sophisticated command and control system we had designed was based on the one used in UK. Little did he know that the SAR structure in UK at the time was a hotch potch of systems whose only commonality was the turf wars fought between the Navy, the Air Force and the Coast Guard. (It has improved somewhat over the last 19 years). We were proud to announce that it was not based on the UK system but was, in fact, superior.

The Chinese rulers doubted that a mere commercial entity could improve on a state well known for its prowess in these matters. They considered our credibility to be zero and they took the matter no further.

The point of this introductory tale is that this was the moment at which my research into the way our public helicopter services worked, threw up the idea of an Air Ambulance.

As an ex-naval pilot I knew that the SAR helicopters were capable of much more than just rescuing errant swimmers and fishermen in difficulties. Maybe they could contribute to the needs of Ambulance Services around the country. They already provided some help and many a difficult spinal injury had been delivered to Stoke Mandeville hospital by RAF or Navy helicopter.

I looked far and wide to see how other countries organised Air Ambulances. Eventually I came to study the German Air Ambulance System, then the most advanced in Europe having been established in 1973 and by 1986 there were something like 20 Air Ambulance helicopters serving the German public.

My research then took two parallel paths. The first was to try to understand why the UK, an advanced and aviation oriented country, had failed to introduce an Air Ambulance System when most European countries either had or were developing Air Ambulances. The second was to formulate a strategy that would facilitate the introduction of Air Ambulances into the UK.

The answer to the first turned out to be quite simple – The NHS. The National Health system in the UK is perpetually short of funds. It is funded centrally from government coffers. There is no way the government then, or now for that matter, will commit an organisation like the NHS to a 'big-bucks' item like a fleet of helicopters that would probably run to £50m per year. (written in 2005 – a much larger sum would be required in 2011)

The second had to focus on three things. These were funding, command and control and helicopter selection.

By the early summer of 1986 I was beginning to worry about the lack of work around for both flying and consultancy. Hope was at hand when I was contacted by two brothers, Jack and David Lomas who wanted my help in setting up a commercial helicopter operation in the West Country. Jack was a serving naval helicopter pilot, a senior officer and was planning to retire in a couple of years – he wanted a job to retire into.

David was a sheep farmer in Devon, was a TA officer and had a Private Pilots Licence for helicopters. My task in this project was to find suitable ways of generating commercial charter business and to look after the technicalities of getting an operating licence from the CAA.

Our relationship began very positively and I was optimistic that something may come of our deliberations. The Air Ambulance was temporarily on the back burner and remained there for a month or so until I spotted an article in Flight International about the commercial sponsorship by a bank of a 'Surf Rescue' helicopter in Australia. I thought I had discovered the golden key to success and immediately began researching how charities obtained commercial sponsorship in the UK.

To give the task of raising funds for the Air Ambulance some perspective I looked into how the RNLI was funded. I discovered that they raised money in many different ways and the previous year had seen £24m deposited in tins, raffles, plastic lifeboats and many other clever ideas designed to strike at the heartstrings of sailors and non-sailors alike. That kind of money would fund a nationwide network of Air Ambulances and whilst the RNLI might save 1500 lives each year Air Ambulances could make a significant contribution to the saving of twice that number. If they could do it, maybe we could too.

On the command and control side I was struggling with the process of trying to understand the NHS. I had discovered that the law in the UK specifically made the provision of emergency response ambulances the responsibility of the Health Authority (now Health Trusts). Previous attempts by diverse organisations that include the Devon and Cornwall Police in partnership with the Devon and Exeter Accident and Emergency Unit, has failed to operate as well as they could have done because they were foolish enough to think that they could go over the heads of the

Ambulance Service. Unfortunately the odds were stacked against them. The only way forward is to work with the Ambulance Service.

By summer, I was considering the sighting of a commercial helicopter able to do part-time Air Ambulance work at either Gloucester Airport or Exeter Airport and confided in Jack and David my thoughts. They were intrigued and wanted me to pursue the project further.

The turning point was one fortuitous day when I discovered that my planned trip from our home near Perranarworthal to the Gloucester area to discuss the workings of local ambulance services was thwarted by the need to visit 5 separate Ambulance Service HQs all of which would have controlled territory within the target 20 minutes flight time from Gloucester Airport. I decided instead to call my local Ambulance Service and ask to speak to the Chief Officer. Thus began an extraordinary relationship with a courageous and visionary man – Len Holden.

I walked into Len's office the following day and stuck to the wall behind his desk was a great big poster of a German Air Ambulance Helicopter. I knew that this was going to be a formative day in this important project. Len was very patient and he listened to all my ideas about how we could get commercial sponsorship to pay for a German style service. He asked me where I was planning such a venture. I said 'Gloucester'. He shrugged his shoulders and said 'why don't you do it here in Cornwall?'

My chin must have smacked on my chest with those words – I had no idea that our rural service was even aware of such high-tech stuff. Len went on to say that he was very bullish about starting a helicopter project in Cornwall because he now had a new Head of Primary Care Services – Wing Commander David Green – a retired Nimrod pilot from the Air Force. He organised a meeting at David's St Austell office.

At that meeting David confirmed that the Health Authority had discussed the use of a helicopter to assist with long distance transfers to Bristol and London but they had never considered the benefits of an Air Ambulance. He wanted to know more.

He didn't need a lot of convincing about the concept. The Ambulance Service in Cornwall was funded on a per-capita basis and whilst the provisioning formula took into account the influx of millions of tourists it was not a generous level of funding. It certainly did not consider the difficulties of being on a peninsula with no adjacent counties other than Devon to provide A & E Units close enough to be capable of reducing the delivery time to hospital. The other problem was that the Ambulance Service was always the 'Prima-Donna' of the finance department. If the Health Authority was short of cash there was nothing in those days to prevent them raiding the money set aside for the replacement of ambulances.

The Air Ambulance could be the 'force-multiplier' the Cornwall Ambulance Service needed. Meeting response time targets set by government was increasingly difficult given that nobody had thought to include in the formula the length of time needed to get a patient to hospital. In Cornwall it takes longer to get to either the one General Hospital in the county – Treliske at Truro, or the equivalent hospital over the border in Devon. With no allowance for the length of time taken for an ambulance to become available after a call it was possible for ambulance resources to disappear from the map at an alarming rate at busy times of the day.

I took news of my meeting with David Green to Jack and David Lomas in about August of '86. We put a business plan together, arranged a visit to Germany to see their system at work and located some second hand MBB 105 helicopters that were being sold by one of the UK's leading helicopter operators – Bond Helicopters, a family run firm specialising in the offshore oil market. I had previously worked for Bond and held them in high regard.

By the beginning of September we had a plan we could put before David Green and he, in turn had charted a possible course through the minefields of Health Authority committees. David was a consummate politician and excellent public speaker.

The Lomas brothers had access to a considerable amount of money but only through a trust fund that limited their commercial activities. During the first week of September I had a call to attend a meeting at David's Devon farm. There I was briefed on the progress to date. The most important points were that I would be expected to train David to Commercial Pilot's Licence standard on the (to-be-acquired) helicopter so that he could be a member of the Air Ambulance crew and that Jack would be the MD of our new company – HEMS UK Ltd – David would be the Commercial Director. This, however, left no place for myself in the organisation as I wasn't able to invest any cash into the project.

I had worked for months on this venture and all my efforts appeared to have foundered. But I wasn't prepared to give up. I decided to approach a Financial Advisor friend to try and raise the money to buy the helicopter, however, the business plan was not feasible, so I resolved to do it the only other way possible. Take the project to a reputable helicopter company.

The next day I called Stephen Bond the head of Bond Helicopters at his office in Cambridge. I'm pretty sure that he had been keeping an eye on what we were up to ever since we appeared at his hangar to inspect the elderly MBB105 helicopters that he was selling off.

I said, 'Stephen, my name is Geoff Newman, I've been working on a project that I think you will be interested in. Can I come and talk to you about it?'

'Sure', he said 'I'm busy tomorrow but you will be welcome the following day'.

I drove to Borne, near Cambridge. The meeting was very positive and Stephen said he would get back to me. He soon came back with message that he wanted 'IN'.

'What do you need to make the most of this opportunity' he said,

'I need one of you MBB105s. fitted out for the Air Ambulance role, free of charge for three months'

'Crikey Geoff. You don't want much do you.

'Stephen', I said, 'If you give me that helicopter free of charge then nobody in the Health Authority management will be able to resist David Green's charms. All we need is the ability to show what we can do and, if what happens in other parts of Europe can be used as a guide, we will have very large foot in the door'.

I was later to find out that the non-family members of the Board of Bond Helicopters did not want anything to do with the project but they had agreed that provided the family members financed it then it could proceed. If there is one person to whom we in Cornwall, and the rest of the country for that matter, should be grateful it is Stephen Bond. If the original idea was mine and the donkeywork was David Green's then it was Stephen's vision and commitment (and money) that eventually led to a nationwide network of Air Ambulances. His motives may not have been entirely altruistic (his company has a significant part of the Air Ambulance business in UK) but without his contribution at a critical time we would almost certainly be in pretty much the same situation today as we were then.

We went through a period of familiarising the Bond Team with the Cornwall team of David and Len but once they had made each other's acquaintance everything seemed to come to a grinding halt. By the end of October, I was frustrated by the lack of progress so I decided to move things along a bit.

Some years previously I had been asked to do an evaluation on a helicopter service contract that involved Bond Helicopters as one of the bidders. In my files I had a copy of their standard service contract. Reading this through carefully I realised that it could easily be modified to suit the Air Ambulance task we had envisaged.

The suitably modified contract was then put before both Bond and David Green and the ball was once again rolling. With something definite to put in front of the Health Authority the various committees got to work and by December 1986 we were able to stage a formal contract signing at the Bassett Count House near Redruth. David Green was concerned that the news of the deal would cause some problems with the unions within the Ambulance Service. He therefore ordered total secrecy and then announced that despite the contract instructions to the contrary he would take over the raising of commercial sponsorship.

The following months were agony. We had so much to do and couldn't breathe a word about it. The start date was fixed for April 1st to commemorate the day the RAF was born. The paramedics (at that time, a new and scarce resource) were selected and we were introduced. Paul Westaway was to be the group trainer and had responsibility for designing the modus operandi for the ambulance guys. I had the task of designing the operating system for the dispatch and deployment of the helicopter.

We could not use the German model for they always carried a Trauma Doctor. We would have to make it work with two paramedics. My other task would be to train them in all things aeronautical. The first team were:

Paul Westaway
Bob Alderson
Chris Prissell
Nigel Harris
Mark O'Byrne
Simon Williams
Les Slade
David Triggs

The training course for the paramedics took a week and covered everything from basic mathematics and geometry to Air Law and navigation. We had some fun - they were good students.

We must remember that in 1986 there was no such thing as a 'paramedic'. The NHS did not recognise that title and no formal qualifications existed for a paramedic in the UK. Our 'paramedics' were in fact 'Extended Trained Ambulancemen' who had, often at their own expense, taken additional training courses to enable them to deliver more advanced therapies. The man responsible for opening the door to these and other skills was Dr Nigel Selwood. He was our newly arrived A & E Consultant and the man charged with setting the clinical standards for the Ambulance Service. Remember that in 1986 ambulancemen were still wearing blue serge tunics similar to the Police uniforms of the time and not at all suited to delivering a clinical service. It Was Dr Nigel Selwood who set the wheels of change in motion and in many ways gave the Air Ambulance the ability to deliver advanced medical skills and he must be remembered in any account of its success.

My schedule was to work in the Operations Room for about 6 weeks learning everything there was to learn about how the Ambulance Service marshalled and deployed its resources. The patterns of activity were studied and studied until we realised that there was only one basic pattern. The higher the level of human activity the higher the rate of emergency calls.

My position as a contract pilot with Bond had been confirmed back in August when they put me on half pay. Come April 1st that would go up to full pay and would

equate to the normal scale for a Bond Captain on the MBB105. I was scheduled to be the only pilot on the project until such time as there was enough cash to pay for another. That meant that we could only work for 10 hours a day, 5 days a week. We had to work out which days and what hours to cover.

Whilst that debate was going on D-Day was approaching. I went out on the road in a front-line ambulance to experience the adrenalin rush that comes with a 'red call'. If there is one group of guys and girls that are grossly undervalued in our community it's the ambulance men and women. The TLC that they deliver in difficult - wrong - very difficult situations, has to be seen to be believed. In my view, every doctor should spend a week on a front line ambulance where patients have to be dealt with in the pouring rain and the freezing cold, or carried down narrow stairs. I experienced for the first time the strength that a seriously ill patient with a heart attack gets just by holding your hand. Physical contact is not something we British are very good at but we can feel confident that our ambulance people have what it takes.

With a month or so to go I confessed to Paul Westaway that I was concerned about the problems with dealing with all the blood and gore at the scene of a bad accident and what would he advise. His fix-all remedy was to park me at the morgue for four hours whilst the mortuary assistants gave me lessons on the conduct of post-mortems - I didn't sleep properly for three days but it did the trick. Funny how you mind can compensate when you have tough stuff to do.

D-Day was a matter of days away when we had to come to terms with the fact that David Green's strategy for raising commercial sponsorship hadn't materialised. He thought by approaching CEOs the length and breadth of the nation, raising the cash would come in quite easily, despite the advice of the best fundraisers in the business to find a more subtle and sophisticated approach. We had enough funding for 90 days and would have to show we could perform pretty quickly.

To ensure that the maintenance of the helicopter kindly supplied by Bond (G-AZTI) was taken care of and supervised on a daily basis we were introduced to Peter Rhodes. Peter was a semi-retired helicopter engineer who lived locally and was able to pick up the challenge of this new project. Vastly experienced and totally committed to our cause Peter was to become a vital part of the team.

Launch day came and went and we settled into the routine of answering the string of emergencies. We had elected not to preclude any type of call from our 'can-do' list. We took everything that came our way and had some remarkable days. When I read through my pilot's logbook today I can recall in almost every detail some extraordinary emergency calls and the occasional trawl through my box of old photographs brings back poignant memories.

It was not uncommon for people to approach me at the scene of an accident or incident and offer cash to help with our fund raising, just 50p or a £1. It was

happening so regularly that I began to realise that this could be organised more formally. I approached a colleague in my Rotary Club (we had just formed the Helston- Lizard Club now famous for the Shelterbox project), he was Derek Reid a Helston lawyer and he volunteered to draw up the necessary papers to form a registered Charity.

The Charity Commission required at least four trustees so we set about asking around. Very quickly we had four volunteers, Kate Dunstan, a Truro businesswoman, David and Penny Grayson, a Helston businessman and his wife and Lynne Alderson, the wife of one of the paramedics.

I explained to the group that we would need to meet with David Green so that he could be properly informed of the new charity and the trustees could be briefed on the way forward. However, as with all pilot schemes, one person's way forward doesn't necessarily conform to others and the plan to form a Trust failed at this attempt. It was all about power and control versus ideals and altruism.

Coincidentally, the seeds for another charity had been sown up in North Cornwall. By the end of the year David Green's belief that commercial sponsorship was the way forward to finance the project, would be replaced by the forming of the First Air Ambulance Service Trust.

This is only a small part of a fascinating story that maybe, one day, will be told in its entirety.

(Author's note – The story above is my personal perspective on the events and that others may have a different and equally valid perspective. Written in gratitude to the people of Cornwall who took the Air Ambulance to their hearts and as a result created a climate in which the concept has grown and flourished.)

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