



**Scottish
Ambulance
Service**

University National NHS Board



Freedom of Information Request

4th September 2024

Question

I understand SAS operates two helicopter air ambulances with a further two fixed wing aircraft. I assume the more limited fixed wing aircraft are used mainly for patient transfers. It is the two helicopters which are of interest.

1. Can you please tell me where the two helicopters are based?
2. How many operational callouts did each helicopter make each year in 2022, 2023 and the first six months of 2024?
3. What are the running costs for each helicopter each year?
4. There is a charity called 'Scotland's Charity Air Ambulance' (SCAA) which also has two helicopter air ambulances. Assuming that both the SAS and SCAA helicopters are available (not ready to call-out) and distance from location is not a consideration - does a 999 emergency call out for an air ambulance go to SAS or SCAA first?

I understand that SCAA receives no government funding and does not qualify for national lottery distribution. SCAA relies 100% on the generosity of the public. In my opinion would not the SAS and SCAA operations be better combined into one organisation with the four helicopters and the obvious savings could be made?

I can see the benefit of SCAA where the public are perhaps more likely to be generous in their support than for a government organisation. However - for example - a 'donation' from SAS to SCAA in lieu of part of SAS' normal annual running costs for their two helicopters would provide savings and help both organisations. It would perhaps also overcome the restrictions imposed by the National Lottery. Both organisations have a common objective and are a vital lifeline for remote and rural communities.

Do you agree?

There is a second - and totally unconnected issue on which I would appreciate your response please. It is in regard to the periodic vaccinations offered to public and I will use the example of the last two six monthly Covid vaccinations provided.

1. On each occasion residents in Edzell were asked to attend a clinic in Brechin (c. 10miles round trip)
2. In the same time period, on each occasion residents in Brechin were asked to attend a clinic in Montrose (c.20miles round trip)
3. There are also examples where residents of Edzell and Brechin have been asked to travel to Forfar (c.20-25miles round trip) However I have no exact figures to support this.

Working Together for Better Patient Care



Scottish



4. Why cannot a small SAS team - in one vehicle - visit Edzell to look after Edzell residents and (on another day) travel to Brechin to accommodate those residents)
5. There are suitable health centre facilities in both locations.

I ask this because the SAS strategy would appear to be a service planned design and delivered around people and their locality. SAS wish to deliver net-zero climate targets and reduce the threat to human life of air pollution. The impact of climate change has been more evident in the last few years. Making 50 cars travel to Brechin of Edzell when one SAS vehicle could travel to Edzell just does not make sense. Similarly 'x' cars travelling to Montrose from Brechin when one SAS vehicle could go to Brechin is equally difficult to explain.

Answer

The Scottish Ambulance Service is funded to provide a range of air ambulance services for the people of Scotland including, and in particular, to those communities in remote and island locations. This service extends beyond purely HEMS (helicopter emergency medical service) operations, and indeed HEMS only accounts for around 25% of the overall air ambulance mission numbers. The vast majority of air ambulance work undertaken is to provide a “whole ambulance service” to those remote and island communities where road ambulance options are limited or impractical, and a mixed fleet of fixed wing and rotary aircraft is required to deliver this efficiently and effectively. Having the SCAA aircraft fully integrated into the air ambulance tasking model ensures SCAA can fully support and supplement the wider SAS operation to deliver maximum benefit to all of the communities we serve. This has been a tried and tested operating model for more than 10 years now, with SAS and SCAA providing mutual support where required.

Can you please tell me where the two helicopters are based?

SAS have a helicopter based at Glasgow Airport and another based at Inverness Airport.

How many operational callouts did each helicopter make each year in 2022, 2023 and the first six months of 2024?

Please see the table below for all 4 main helicopters for incidents where the separate resources mobilised. These figures include all HEMS calls as well as patient transfers ie. Intrahospital transfers, island transfers etc.

Yearly Incident Taskings	Helimed 2 (Inverness)	Helimed 5 (Glasgow)	Helimed 76 (SCAA Perth)	Helimed 79 (SCAA Aberdeen)
2022	728	959	385	323
2023	754	964	360	342
2024*	387	467	184	167

* 2024 to June 30th

What are the running costs for each helicopter each year?

The helicopters are provided as part of a wider managed service including, as you mention, fixed wing aircraft and the associated estates infrastructure (office accommodation, aircraft hangars etc.). We do not have details on the exact costs for each helicopter readily available as the actual cost varies depending on the total number of missions annually. It is for this reason; we have applied the exemption Section 17 of the Freedom of Information Scotland Act 2002 as information not held.



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All air ambulance tasking is undertaken by the Scottish Ambulance Service, and to this end the SCAA helicopters are wholly integrated into the national air ambulance fleet for tasking purposes. Aircraft are tasked on the basis of availability and proximity to the incident location. No distinction is made between SAS or SCAA aircraft for the purpose of tasking.

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- 2. In the same time period, on each occasion residents in Brechin were asked to attend a clinic in Montrose (c.20miles round trip)**
- 3. There are also examples where residents of Edzell and Brechin have been asked to travel to Forfar (c.20-25miles round trip) However I have no exact figures to support this.**
- 4. Why cannot a small SAS team - in one vehicle - visit Edzell to look after Edzell residents and (on another day) travel to Brechin to accommodate those residents)**
- 5. There are suitable health centre facility in both locations.**

The section of your request regarding periodic vaccinations in rural areas may be best directed to NHS Grampian.

It is important to note that SAS are funded to assist Health Boards in delivering clinics to remote/rural areas and work closely with Health Boards to identify locations suited for our teams. The clinics would be arranged by your local Health Board and SAS would work in collaboration and agreement with them.