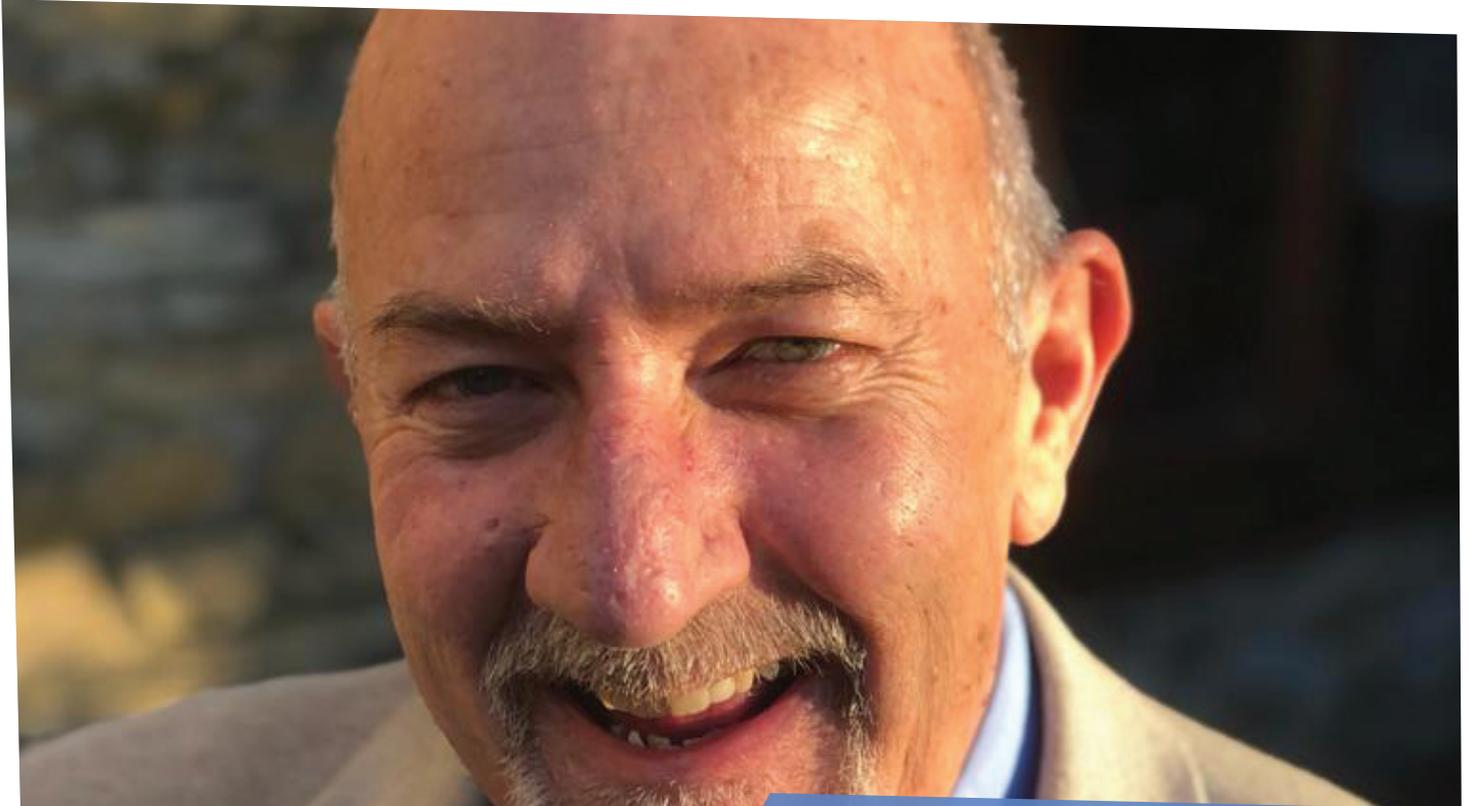


#YourCall

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NHS

North West
Ambulance Service
NHS Trust



*Granada Reports'
Paul Crone shares
his heart attack story*



*The first paramedic
in the country to
give the coronavirus
vaccine, Ben, shares
the facts.*



*Behind the
scenes at
NHS 111 with
Maariyah*

Welcome

to the latest edition of Your Call



Wow! 2020 was one of the most challenging years most of us have experienced. The impact of the pandemic has been unprecedented, but it's also brought people together in ways we could never have imagined. As much as we were glad to see the back of 2020, we know 2021 still holds many new challenges for us all but ones we're ready to take on.

We're remaining optimistic and hopeful as we look forward to the continued roll out of the coronavirus vaccine and hope your friends and families in the North West are staying as safe as they possibly can be. We know many people have been suffering for many reasons over the last year and we'd like to take this opportunity to share how sorry we are if you have lost a loved one.

We want to reassure you that we are doing all we can to make sure we are here for the patients who need us most across the North West. We're putting all clinically trained staff on the road, increasing our use of private providers and working with our healthcare partners to safely help us guide non urgent cases to other healthcare services.

This edition is packed full of inspirational stories from real people across the region. We hope you can relate to them and if you are struggling, please know you are not alone.

There are lots of vaccine rumours floating around so we talk to Ben Gibson, the first paramedic in the country to give the COVID-19 vaccine to a patient. Ben gives us the lowdown on what you can expect.

We explore heart attacks on page 4 and share people's experiences of them, including Granada Reports news presenter, Paul Crone who took the bins out one night and unfortunately found he needed our help.

On page 8, we give you a behind the scenes look into our NHS 111 service. Health Advisor Maariyah Akhtar shares the ins and outs of her role that she loves.

Paramedic David Leahy shares his coronavirus story on page 16. David describes how his 'long COVID' symptoms mean he isn't sure if he will practice as a paramedic again.

Grab your cuppa and settle in for a great read.

We're always looking for guest editors, if you have a story to share please get in touch by emailing: communications@nwas.nhs.uk.

Take care and stay safe.

Communications Team

Our shared values

Working Together
for Patients



Respect and
Dignity



Everyone
Counts



Commitment to
Quality of Care



Compassion



Improving
Lives



From ambulance care assistant to director of operations

Ged Blezard tells us what's been the biggest challenge so far during his 35 year career!

When a friend mentioned the ambulance service was recruiting to their patient transport service back in 1986, Ged, who left school with few qualifications, never imagined where his journey would take him. Joining the then-Greater Manchester Ambulance Service based in Monsall, Ged quickly rose up the ranks soon qualifying as what was then termed a 'qualified ambulance man' before becoming one of the first paramedics circa 1991.

It was working on the frontline that Ged recalls some of his fondest memories and proudest achievements; he helped deliver three babies and had a unique experience where he attended a patient he had previously helped save following a cardiac arrest.

When further chances of progression arose, Ged was initially resistant to leave his job on the frontline but took the offer to cover a managerial position as a three week secondment. This led to more and more opportunities and by 2003 Ged was the divisional manager for the whole of central Manchester.

In 2009 Ged became the head of service for Greater Manchester and in 2014 deputy director of operations before taking up his current position as director of operations in 2016. Over the years Ged has achieved various qualifications and now has a Master's Degree.

"I have been very fortunate in my career to have been able to see and do things I never would have otherwise but the biggest challenge so far has got to be the COVID-19 pandemic.

"It is like nothing we have ever seen before but the way that I have seen the whole organisation come together for our patients has been phenomenal. I am so proud and I would just like to say a huge thank you to each and every person who has been involved in this mammoth effort.

"As the cold winter months are with us, we have even more support in

place to maximise our resources – we're working closely with partner agencies and helping to protect our staff with additional welfare vehicles as well as the roll out of the coronavirus vaccine.

"We are working on even more exciting projects behind the scenes too as we continue to work to integrate our 999, 111 and patient transport services into the same telephone triage system allowing us to work more efficiently."



Today, more than 90% of people survive myocardial infarction.

That's the technical term for a heart attack; it means an area of damaged or dying heart muscle has caused an interruption in the blood supply. Some people experience a 'minor' heart attack (although it can still be very serious) with no associated complications. Some people experience a 'major' heart attack, which has a wide range of potential complications and may require extensive treatment.

Your Call features two very different experiences of this life changing event, both of which required the assistance of emergency ambulance crews. If you suspect the symptoms of a heart attack, call 999 immediately and ask for an ambulance. Even if you have doubts, paramedics would rather be called out to find an honest mistake has been made than be too late to save a person's life.



“One day I hope to pursue a career in the NHS after having a heart attack.”



Stephanie Huyton from Liverpool had a serious heart attack in October 2019. It led her to leave her long career with the Crown Prosecution Service and pursue a career in the NHS. Her first port of call was to join our Patient and Public Panel (PPP) as a volunteer.

The afternoon of 18 October 2019 was like any normal busy day in the life of a working mum of three. Steph was getting ready to collect her children from school when she was struck with a sudden excruciating pain in her left arm, quickly spreading across her chest and up into her jaw.

“I was so lucky that my family were on hand and immediately rang 999 for help. NWS paramedics quickly arrived and carried out all necessary checks which came back normal. I was given pain relief and taken to the hospital for further checks.”

At the hospital, doctors examined Steph and suggested it was likely to be a trapped nerve as her chest x-ray was clear and all vital checks suggested that her pain was not associated with her heart. Steph was told to take a seat in the waiting area until her blood results returned with the likelihood that she would be discharged.

“Things suddenly took a turn for the worst as I was rushed to resus, my blood results having showed extremely high troponin levels, indicating that there was damage to my heart.

"I was in complete shock, you don't expect things like this to happen - and it was out of the blue with no warning signs. Everything happened pretty quickly after that. I was blue lighted to Liverpool Heart and Chest Hospital (LHCH). The paramedics who accompanied me were amazing, they made me feel comfortable and reassured."

Upon arrival at LHCH, Steph had an angiogram and echocardiogram which showed spasms of the arteries, indicating that she had suffered a heart attack. A few days later, whilst still in hospital, Steph was struck again by the same pain.

"I knew instantly I was having another heart attack. I can honestly say it was the most worrying time of our lives for my family and I as we didn't know why it was happening - it was so traumatic. Later that evening I was given the diagnosis of Spontaneous Coronary Artery Dissection otherwise known as SCAD."

Following her diagnosis, Steph had a genuine desire to see a change in the recognition of this condition and hopes through sharing her story it will provide greater awareness of this condition and be recognised amongst medical professionals and the public, with the ultimate aim of saving lives.

"When you are faced with something potentially life changing it makes you re-evaluate life's priorities. This whole experience has made me realise how precious my family and friends are.

"It has also made me so thankful for our wonderful health service. It has allowed me to rediscover my



interest in health care and after a long career with the Crown Prosecution Service, I hope to one day fulfil my aspirations of working for the ambulance service or within the NHS.

"Joining the NWS PPP has given me an opportunity to tell my story today, as it provides patients with a voice with which to share our experiences. I felt it would be extremely rewarding to give something back to NWS in any way that I possibly could, I have always been inspired by the work of the ambulance service."

What is SCAD?

SCAD is an under diagnosed condition which is extremely rare. It occurs when a tear or bruise develops in one of the coronary arteries causing a blockage and preventing normal blood flow to the heart, resulting in an unexpected heart attack or cardiac arrest.

SCAD cannot be predicted or prevented and most of those who suffer this are healthy, meaning that SCAD is often misdiagnosed or there is a delay in diagnosis.

Research continues into this condition and what actually causes this to occur. Factors such as pregnancy postpartum, extreme stress, hormonal changes, and intense exercise and connective tissue disorders have been associated with SCAD, however the exact cause remains unclear in a number of cases, Steph's included.

The British Heart Foundation has more information on SCAD online at [bhf.org.uk](https://www.bhf.org.uk).

You can join our PPP like Steph

We've created our Patient and Public Panel to give members of the public a voice and the chance to have their views acted upon. The panel is made up of representatives from local communities, interest groups, the voluntary sector and partner organisations, and offers meaningful opportunities to influence improvements in our emergency, patient transport and 111 services.

Varying levels of participation enables you to get involved in a way that suits you best, depending on the amount of time and level of interest they have.

To find out more visit: nwas.nhs.uk/panel.

“Your reassurance really helped me.”

A friend of Team NWAS and Granada Reports presenter Paul Crone needed our help for the first time in his life following a heart attack recently.

Paul recalled “On the evening of 16 November 2020, I simply put out the bins, which have to go up a small verge at my home. One bin was particularly heavy that week and after I had dragged it up, I felt like I’d pulled a muscle in my right arm.

Looking back I hadn’t been feeling 100 per cent for a couple of weeks, but nothing to cause me concern, so I genuinely thought I’d just pulled a muscle or tweaked a nerve. I always thought you need to worry when pain is in your left arm – how wrong I was.

“After a while, even when the pain started to get a bit worse and began radiating into my chest, I still wasn’t convinced I needed help, but thought I should call 111 just in case.



During that call, the pain really seemed to be getting worse so I decided to end the call and dial 999.

“A short time later, Julie and Adam arrived at my door and immediately started to check me over and connect me up to an ECG machine. I was waffling away to them about pulling a muscle, when Julie stopped me and said, Paul, it’s not the bins, you’re actually having a heart attack now and we need to get you to hospital.

“This news shook me to the core, and everything started going through my mind – I really don’t like hospitals, I’ll get COVID-19, I’ll die, I’ll never see my girlfriend again; the fear did get to me, but immediately Julie started to give me reassurance that I would be fine.

“She told me the hospital deals with these types of cases day in day out, and in her experience I’ll go into hospital, get help and I will be better in a few days. I felt she was being very optimistic, but in reality, she couldn’t have been more spot on.

“After having a stent fitted and a few days in hospital, followed by a period of recuperation, I am actually back at work now and although I have to make a number of healthier lifestyle choices, I’m feeling very well.

“I think for me this whole experience, although scary as it was, was made a whole lot better by the care, expertise and professionalism of Julie and Adam.

“The compassion shown, the constant reassurance, telling me in layman’s terms what was happening, and what was about to happen, even the great banter between the three of us, made me realise what you guys give selflessly every day to patients, it is completely amazing.

“Having hosted NWAS’ Star Awards for the past few years, I have always been in awe of the great work you do, but now, having experienced it from the other side, my appreciation is off the scale.”



JUST THINK 111 FIRST

When you think you need A&E,
contact NHS 111 by phone or online.



Behind the scenes at NHS 111 with Maariyah



Maariyah Akhtar is an NHS 111 health advisor based at Middlebrook and has been part of the 111 team for two years. She gives us an inside view of her job and what the new '111 First' initiative means for the service and what it has been like working through a pandemic.

What does a 111 health advisor do?

Each day I take many calls, taking patients through an assessment in order to get them the right care, in the right place. This includes getting patients booked in with a local service for telephone consultations using a new system. It is going well, especially in instances where patients have been trying to contact their GP surgery but not been able to get through.

Calls are varied throughout my shift. Although we are a non-emergency line, calls can progress very quickly. For example, I remember one morning, it was 6am, and my first call on shift was giving CPR advice to the caller.

Although I may have dealt with this type of call before it never gets any easier, no call is ever the same.

How do you deal with these types of calls?

We have a clinical team who are on hand to support us during these difficult calls. 111 calls mainly consist of non-emergency requests for help such as patients calling for a prescription request or just a general medical enquiry to which then the patient is referred to an appropriate local service. But there is always the chance we get a life threatening call, and having the support team to help us is a real comfort.

Tell us more about 111 First.

We are now able to book arrival time slots for accident and emergency departments. This is helping to reduce overcrowding at A&E, making social distancing easier in hospital emergency

departments. It is helping to keep staff and patients who access the emergency departments safe. When advising patients to attend A&E, I often hear them say they wouldn't like to go because of previous experience of having to wait hours and hours, but when an arrival time is available and offered they are happy to attend. It's a fantastic service that has been put in place for patients. So when you think you may need to go to the emergency department think NHS 111 first!

What has it been like working through a global pandemic?

Living with my elderly parents and ensuring that risk was minimised was a challenge in itself. At the beginning it was all very scary and no doubt it still is. The demands of the NHS 111 service were extremely high. The majority of calls coming in from the general public were COVID-19 related. Patients were panicking, distressed and upset. Reassuring, listening and offering the correct advice was very important.

As time went on things got difficult, a national lockdown came into force and we were all facing unprecedented circumstances.

I also received calls where patients talked about not being able to see their loved ones due to the restrictions in place. Some of these calls included patients ringing up about not being able to visit their grandparents and relatives in care homes which was impacting their mental health.

Taking calls from patients who have unfortunately contracted the virus, listening to their story, the challenges they have faced during these unprecedented circumstances has been a real eye opener for me. But what puts my mind at ease, is that this is something that we are all going through together and there are many support services that are available with NHS 111 being one of them. After a tough year, things are still demanding and not the norm. The key message is to stay safe and follow government guidelines to protect each other and hopefully we can start to see a change for the better.

The coronavirus vaccine lowdown



Whilst the country eagerly awaits their turn for the vaccine, we thought we'd talk to the country's first paramedic to give the COVID-19 vaccine to a patient to answer some common questions.

Ben Gibson is based at Distington ambulance station in Cumbria and is currently helping staff at North Cumbria Integrated Care NHS Foundation Trust - one of the first hospitals in the world to get the vaccine – administer vaccinations to the most vulnerable people and healthcare staff in Cumbria. So far he has inoculated hundreds of people with their first dose and this number is increasing daily.

“Initially I felt a bit nervous to give the first vaccine but this soon turned into pride. I have been giving the flu vaccine to our staff for years so I knew what to expect.

“People have been really pleased to be getting the vaccine, I have had a few nervous patients but that has been more to needle phobia than to anything else. When they realise how quick, straightforward and painless it is their fears soon settle down.”



Ben answers some of your questions:

Can a COVID-19 vaccine make me sick with the virus?

“No. None of the vaccines approved for use in the UK contain the live virus that causes COVID-19. This means that the vaccine cannot make you sick with the virus.

“The vaccine does teach your immune system how to recognise and fight the virus that causes COVID-19. Sometimes this process can cause symptoms such as a fever but this is normal and a sign that your body is building the protection against the virus.

“It typically takes a few weeks for your body to build immunity after the COVID-19 vaccination. This means it is possible a person could be infected with the virus that causes COVID-19 just before or just after vaccination and still get sick. This is due to the vaccine not having enough time to provide protection.”

Will I test positive for COVID-19 after the vaccine?

“No. This is due to the vaccine not containing the live virus.

“If your body develops an immune response - the goal of the vaccination - there is a possibility you may test positive on some COVID-19 antibody tests. Antibody tests indicate you had a previous infection and that you may have some level of protection against the virus. Experts are still looking into how the vaccines may affect antibody testing.”

Will a COVID-19 vaccine protect me from getting sick with the virus?

“You can still contract COVID-19 after having the vaccine but your symptoms should be less severe. The vaccine works by teaching your immune system how to recognise and fight the virus that causes COVID-19, this protects you from getting as sick.

“This is important because even though many people with COVID-19 have only a mild illness, others may get a severe illness, have long term health effects or as we know even sadly pass away.”

Recognising the signs of mental illness

Clinical staff in the NHS don't get anxiety or depression. Right?

Wrong. Mental health problems are one of the main reasons for staff absences with anxiety, stress and other psychiatric illness accounting for 28.3 percent of all sickness leave in the NHS in May 2020.

As the largest public sector employer in the UK, ensuring staff are supported and cared for with their mental health is paramount to the NHS, especially in light of the pandemic. We talk to Advanced Paramedic Alex Tatman - based in Oldham - about his own battle with anxiety and mental health.

"The problem for me was not recognising the signs I was ill before I was diagnosed. For at least 18 months to two years leading up to this, looking back, I can see all the signs were there; from my behaviour, the mood swings and how I felt internally.

"It came to a head in May 2019, I remember taking a phone call from my eldest, he had forgotten his gym kit and asked would I bring it to him at school. On an ordinary day this is no big deal, it is ten minutes down the road but that day I was really struggling and it took a simple task like this for me to reach breaking point.

"I remember driving to the school and being rooted to the seat of my car when I arrived. I couldn't get out. I was panting away with a tight chest and felt this overwhelming sense of panic and fear. I didn't know it then but I was having an anxiety attack. The rational part of my brain was saying 'it's just a pair of shorts just take them in' and the irrational side was saying 'it will be the worst thing in the world if you get out of this car.' It was something I had never experienced before.

"Later that night when my wife came home from work, after I put a brave face on with the kids until she got home, I told her what had happened and how I was feeling. Actually acknowledging the problem was cathartic to me and was without doubt the first step in the journey towards recovery.





“It was only after I started my recovery process that I realised how detrimental it was to be in denial about my mental health. Writing it off as being tired due to prolonged shift work or the stresses of my role, were simply me ignoring the problem and hoping it would go away. Being provided with a diagnosis had a significant positive impact and made me realise where the root of my health problems lay.”

Alex managed to get a GP appointment that week and from there got the relevant help and support he needed which taught him techniques to cope with anxiety. In order to get better it was necessary for Alex to take extended time away from work and in this time he sadly lost his father in law, his mum and his dad within seven months.

“2019 has probably been and will remain the most difficult year of my life I have ever faced - even compared to the pandemic. Being so ill with my mental health and on top of that losing three people I loved so much.

“Having anxiety and depression never leaves you. You learn how to live with it and adapt new thought processes and behaviours which help you to cope. My management team and colleagues have given me incredible support which has helped me get back on my feet.”

According to a recent report in the Guardian, there has been an ‘explosion’ of anxiety in Britain over the past decade with research

showing the financial crash, austerity, Brexit, climate change, social media and now the pandemic being accountable for the massive rise in the condition.

Anxiety, which is a debilitating mental illness, has trebled amongst young adults and has increased across the board amongst men and women; affecting 30 per cent of women aged 18 to 24.

There is help and support out there, you do not have to suffer alone.

Alex’s top technique for helping anxiety: challenging unhelpful thoughts.

If you find yourself having any of these ask yourself the following:

- What evidence do I have for the thought?
- What evidence do I have against the thought?
- What would I tell a friend (to help them) if they had the thought?
- Think of my calmest, most rational and supportive friend/relative. How would they react to the thought? What would they say to me?
- Am I worrying about an outcome that I can’t control? Is there any point to this type of worry?
- How does the thought affect me? How does it make me feel? Is it helpful in any way, or just distressing?
- What good could I gain if I gave up the thought? How would things be different if I didn’t believe the thought?
- If the causal thought was true, what is the worst, realistic outcome? Is it as bad as I think it could be?

If you feel like you are suffering, help is available out there. Your GP can be a good place to start as well as accessing one of the many mental health helplines available including Mind: 0300 123 3393 (Monday to Friday, 9am-6pm), mind.org.uk.

From managing sick animals to managing ambulance apprentices

Lynne Kerrigan knows all about caring for poorly animals, her 27-year career in veterinary practice and education means she has seen and done some amazing things.

Lynne who is a qualified veterinary nurse, explains why she decided just over a year ago to pluck up the courage, take the leap and join Team NWAS as education manager - practice. We find out why veterinary and human medicine is more commonly linked than you may think!



"I have always been fascinated by 'blood and gore' and as a child spent hours in front of the television with my mum watching real-life hospital shows to get a fix. This combined with my love of animals led me into a career path of veterinary nursing.

"I started working in veterinary practice in 1992 securing a trainee position in 1998. I qualified in 2000 as a veterinary nurse and I loved my years working in both small and farm animal practices as a head veterinary nurse. I went on to achieve qualifications as an assessor and spent my time working with student veterinary nurses on their portfolios. This sparked my interest in teaching."

From here Lynne became a full time lecturer in veterinary nursing at a large college in Lancashire before progressing to further education assistant head of school there. Amongst many responsibilities, her role included teaching across a range of courses from the diploma, the BSc (Hons) and the advanced diploma level in veterinary nursing. Lynne talks about how this led her to Team NWAS.

"My main areas of interest within veterinary practice and teaching are surgical nursing, end of life care and critical care. As much of the knowledge and skills used within veterinary practice are drawn from human practices, I have always had a keen interest in the field of human medicine and the emergency setting.

"A conversation with a friend who works at NWAS confirmed the similarities that exist between the apprenticeship models used for both veterinary nurses and emergency medical technicians and so I

applied for the position and the rest as they say is history.

"I am frequently asked by colleagues if I miss working in veterinary practice and I still get lots of questions from friends and family who are pet owners asking for clinical advice which keeps my veterinary nursing brain active. Whilst I do miss the reward of nursing a sick animal back to health or the feeling that I have supported somebody through a traumatic experience, such feelings are replaced with the joy of seeing a learner who doubts their ability start to recognise their potential. It may sound clichéd but as an educator you become a part of your learner's journey, and that is a great privilege.

"I still do the occasional guest lecture at my old college and knowing about my new role, the learners seem more interested in talking about ambulances and what I have seen whilst on observation shifts. I'm thoroughly enjoying being a part of Team NWAS and the variety my role brings."



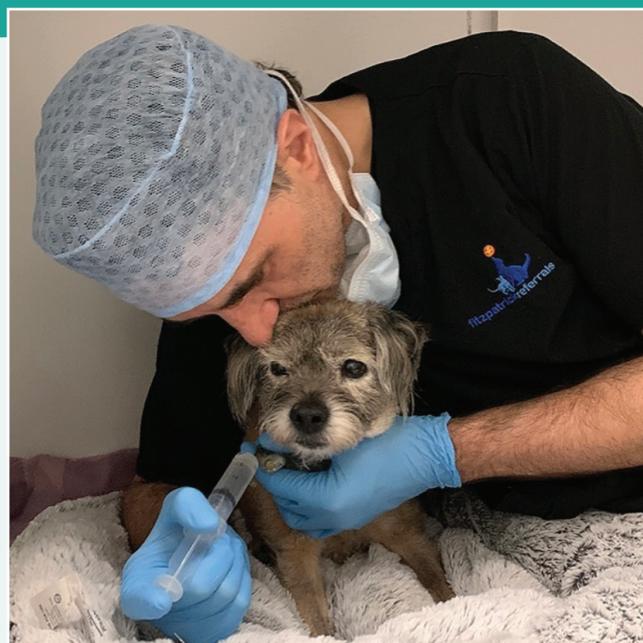
What are the similarities between veterinary and human medicine?

"There are many which often surprises people – humans are mammals in the same way that your pet dog or cat is and so the anatomy and physiology and therefore pathophysiology of disease is extremely similar.

"Many of the conditions that we see in veterinary patients are the same as in human patients such as diabetes, renal failure, arthritis, UTIs, cancer etc. We also see a lot of complex injuries caused by road traffic collisions much the same as with human casualties. Many of the drugs given and the surgical procedures performed are also the same.

"Veterinary nurses assist with surgical procedures, monitor anaesthesia, take radiographs, place intravenous cannulas, perform intubation, administer fluid therapy, take samples and run diagnostic tests, administer medication via a variety of routes and even perform minor acts of veterinary surgery such as suturing wounds or removal of cutaneous masses.

"The main difference of course is that veterinary patients cannot tell you what the problem is and so it is rather like paediatric medicine and treatment in that respect."



Instagram: @profnoelfitzpatrick

“I hope we can provide strength to our members, influence change and help to improve our understanding of the communities we serve.”

- Wesley Proverbs, Paramedic and Co-Chair of NWAS' Race Equality Network (REN)



We've just created our first ever REN and the people in charge of it are full of ideas for its first 12 months. It will be co-chaired by Internal Accreditation and Quality Assurance Manager Asha Blake and Paramedic Wesley Proverbs.

Wesley says his young daughters inspired him to take on the role, in addition to his day job. Wesley is based in Bolton and moved to the North West after meeting his wife. He joined NWAS in 2010.

“I'm a father to two energetic little girls and they are part of my inspiration for wanting to influence change. I joined the Race Equality Forum as I wanted to improve the diversity I saw around me.

“Now as we transition into a formal network I hope we can provide strength to our members, influence change and help to improve our understanding of the communities we serve and the colleagues we work with.”

Asha Blake also says that personal experience was a big influence in her decision to co-chair with Wesley. She is on placement at NWAS as part of her studies on the NHS Graduate Management Training Scheme, and is also doing an MSc in healthcare leadership.

“Having been a carer for my late grandmother for over ten years, I witnessed first-hand some of the amazing services that the NHS provides to some of the most vulnerable people in society.

“This experience inspired me to apply for the NHS Graduate Management Training Scheme, in order to contribute towards the leadership of a world-class healthcare service.

“I am absolutely delighted to have the opportunity to found and co-chair the Race Equality Network. One of my key ambitions for the network is to support our staff to have open conversations about race equality, so that we can work together collaboratively to improve the experience of our staff and patients.”

The pair cannot wait to get started. NWAS Chair Peter White promised recently that he will help to improve diversity across the trust. Speaking at the AGM he said: “NWAS has a good history of how it is inclusive and how it deals with diversity issues. But we know we need to get better, and the team will work on that going forward.”

With Asha and Wesley, we're confident we have the right people in place to start that change.



“Having my disability has never stopped me.”

Growing up, Adam Rigby, who has Familial Spastic Diplegia, never thought he would be able to work for the ambulance service let alone compete in the World Cup.

Adam, from Wigan, has had his condition since birth. Familial Spastic Diplegia is a hereditary condition that affects joint mobility reducing the ability to fully extend hips, knees and ankles. It was passed down to him from his father and is prominent on his dad’s side of the family.

“It affects you the taller you get. So in primary school I was still able to join in with PE and play in the yard at break times without much help from a wheelchair. But from the beginning of high school I was dependant on my chair. Geographically, high school is a lot bigger than primary school and there was a much bigger distance to travel between classes.”

It was at the age of 15, when Adam first heard of wheelchair rugby.

“I was first introduced to the sport by a guy called Joe Williams who I accompanied to a training session.”

From that moment Adam fell in love with the sport, competing in his first fixture less than a year later. In 2007, he played his first international wheelchair rugby game against France and the following year competed in and won the 2008 Wheelchair Rugby League World Cup at the young age of 16.

After the World Cup, Adam decided to put rugby to one side and focus on his career. He found it difficult to find a job that allowed him enough free time to play rugby - that was until he joined NWAS.



“I had a couple of friends who worked for the ambulance service and enjoyed their jobs and I thought I wanted to be part of that team.

I knew I would never be able to be a technician or a paramedic but I knew I wanted to be a cog in a very big machine.

Working normal office hours allows me the time to play rugby, which is why I have gone back into the sport.

“NWAS is very supportive and has helped me since I started my role as special operations project support officer, adapting my desk and chair to help with my disability. My managers are always making sure I am okay and have everything I need. If I am struggling my colleagues always make the time to help me out and I am also a member of the disability forum which allows me to speak openly about my disability.”

Adam is now training for this year’s World Cup which will hopefully take place in November.

“Training this time around is very different to last time, due to the pandemic. Throughout 2020, when some restrictions were lifted, we were able to train together online and in person and we continue to do so, government guidelines allowing.”

Adam is working hard on training and hopes he will be selected for this year’s wheelchair rugby team. Good luck Adam!





“I don’t know if I will ever get back to working as a paramedic again.”

Your Call recently talked to Paramedic David Leahy from Lancashire about his COVID-19 experience after falling seriously ill with the virus in May 2020.

Seven months on he is still suffering with 'long covid' symptoms and doesn't know if he will practice as a paramedic again. He is a very humble man and speaking to him, it's easy to warm to his kind nature - we're rooting for him to make a full recovery.

"I have to be really ill to cause a fuss or to get clinicians involved. When I fell ill with COVID-19, I spent two days at home feeling terrible so I got a test and it came back positive. I was aching all over and had temperature reaching 40 degrees which would not shift with paracetamol. It was only when I started to have breathing problems that my wife, who is also a paramedic, tested my oxygen levels which were drastically low so she called 999."

David was taken to Royal Preston Hospital where he spent eight days in intensive care.

"I don't remember much in intensive care (ICU). I spent most of the time drifting in and out of consciousness. I remember looking at all the other beds around me which were full of people on ventilators and suddenly realising just how poorly I was. It was a very dark place to be in and for the first time in my life I felt scared. I also remember the nurses coming in a few times with a tablet device so I could see and speak to my wife - who was also suffering from COVID-19 at the same time but didn't need to be hospitalised."

Whilst David was in ICU he developed pneumonia and blood clots in his lungs. He agreed to trial different drugs to help him and it was only when he was given corticosteroid dexamethasone did he start to turn a corner. David had to stay in hospital until he could manage to breath without supplementary oxygen - that took five weeks.

"I've been back at work since September 2020 on alternative duties helping to keep my colleagues safe by delivering PPE throughout Cumbria and Lancashire. I've now moved roles and I'm helping to vaccinate NWS staff which is important to me as I can draw on more of my clinical skills whilst helping my colleagues to become protected from COVID-19.

"I am still under a respiratory consultant. My lungs are functioning at 72 per cent as they have been damaged from scarring from the effects of the disease. Going up a flight of stairs still takes my breath away and you can hear in my voice the impact it has had on my lungs.

"I don't know if I can ever do my role as a paramedic again as it is a very physically demanding job, right now it just isn't an option for me. The Senior Management Team here in Blackpool has been exceptionally supportive and has helped me in every way possible to get back to work and get back some sense of normality - to which I am forever grateful for."

David's experience in hospital was documented by an ITV film crew who were following doctors in hospital through the pandemic. Once the film crew found out David was a paramedic they also filmed his recovery and his return to work. The documentary is due to be aired this March.



We're now more visible to our local communities with our new responder car

Pete and Paul are community first responder volunteers in Failsworth and Tameside, Greater Manchester and support our emergency services by responding to certain emergency calls in the community.

Both men are ex-military and have several years' service behind them and are relatively new responder volunteers. They share a passion for being part of a team and helping people - something that obviously comes from their roots in the forces. They also share an amazing recent achievement which has seen them raise enough funds for a dedicated CFR car which can be used by their fellow team members when responding to an incident.

Paul said: "We set up a GoFundMe page which raised over £1,000, which has allowed us to purchase the car with support from local companies who have helped give the car an MOT, tint its windows, service it and provide all the livery. The amazing local support has enabled the car to be ready for the road.

"We went live at the end of 2020 and the car is helping us to continue to support our frontline crews responding to incidents. It is proving really handy as the car is really visible to crews with its markings so they can identify properties we are at easily helping to make each incident a little bit easier."

Speaking about what being a CFR means to them, Pete said: "The fact that we are in effect civilians working within NWS is a massive privilege and the teamwork that goes on when we work together is second to none.

"I personally have been first on scene to three patients in cardiac arrest and it is great to see the emergency care chain of survival working; the training slots into place and everybody knows what to do, even though you may have never worked together before.

"As for knowing if we have ever saved a life or not, you never get to know the end of the story, but I would like to think that I have certainly made people more comfortable and possibly saved a life."

If you are interested in the work our CFRs do and want to become a CFR, please visit nwas.nhs.uk for more information.





A little help from Google

Google's voice assistant could soon be coming to the aid of ambulance staff in Cumbria thanks to a clever innovation.

The NWS Tech Team has developed a prototype for a stock room in Cumbria, which leads crews directly to medicines and bandages they need, just by asking Google for it.

It's just one initiative being tested as part of the Smart Station project, which is looking at a number of ideas helping to make the site 'paperless' and save crews' and managers' time.

Matt Dugdale Head of Clinical and Digital Innovation said: "The prototype we've developed links the Google virtual assistant to automatic lighting strips in the stock room. All the clinician has to do is ask where a certain item is and Google will direct them to it using the light surrounding the correct shelf and telling them what number to look for.

"Sometimes this process can be time consuming, with crews looking for just a few items among hundreds of others.

"The local crews were excited to be a part of the trial process for Safecheck when it was being developed, and Cumbria has been a great test bed. Although at an early stage, I hope that it could lead to less time in the stockroom and more time on the road."

Along with other tech solutions being trialed, are Smart TVs for mess rooms that can display important messages for crews; smart monitors which are able to track room occupancy in order to regulate lighting and temperature; and new digital wallboards with interactive touchscreens where crews can search online content along with vehicle statuses.

Matt added: "We actively look for innovative initiatives like these which ultimately make things easier for our crews to get on with their job of helping North West communities. We will pick the ideas that work best, test them and scale them up if they are successful."





CORONAVIRUS

STAY HOME SAVE LIVES

The new Covid-19 variant is spreading fast.
It is putting people at risk and renewed pressure on our NHS.

Everyone must stay home. If it's essential to go out,
remember Hands Face Space.

Find out more at [gov.uk/coronavirus](https://www.gov.uk/coronavirus)

STAY HOME ▶ PROTECT THE NHS ▶ SAVE LIVES