YOUR CALL.

North West Ambulance Service
NHS Trust

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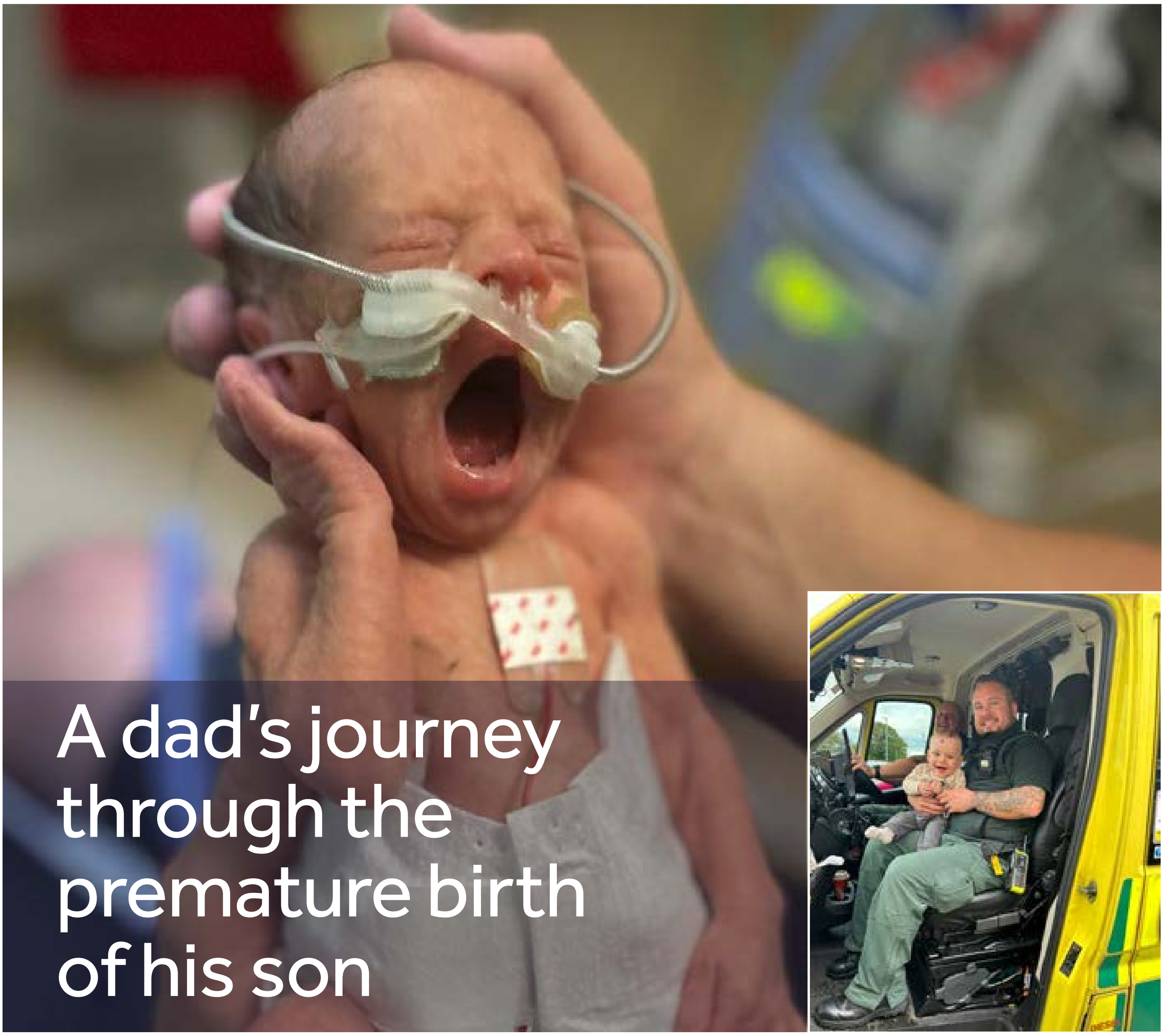

A dad's journey through the premature birth of his son

Life as a community first responder; meet Kamran

Two generations of one family caring for our patients

Welcome

To the latest edition of Your Call

In this issue, we are bringing you stories that will inspire - from heartwarming experiences to tales of courage and resilience.

Staff members Laura and Jeff bravely share their stories of vulnerability and determination. Laura talks about how a routine smear test saved her life, and Jeff openly talks about his prostate cancer diagnosis. Their stories are ones of hope, and they shine a light on the importance of awareness and early cancer detection. They remind us of the importance of listening to our bodies, advocating for our health, and finding support where possible.

We also introduce you to Kriss and his son Noah, who was born prematurely. Kriss shares his journey as a dad through Noah's birth, who was born weighing just 905 grams – less than a small bag of sugar!

In addition, our volunteers play an important role in everything that we do and without them, our service could not function. We interview Community First Responder Kamran who talks about his volunteer journey.

We hope these stories inspire and inform - enjoy the read!

Your Call magazine team

Do you have a story to share with us?

If so, please get in touch by emailing:
communications@nwas.nhs.uk

Note: You may hear us refer to ourselves as NWAS throughout the edition, this is short for North West Ambulance Service.

Also in this issue...

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Introducing Sian Wimbury

Our newest Area Director for Greater Manchester

As Area Director, Sian is the external face of NWAS, working with all the local healthcare partners within Greater Manchester. She also holds ultimate responsibility for service delivery in the region alongside the Area Head of Operations.

She joined after a long career in the NHS in Greater Manchester. Her career started in mental health through a university graduate training scheme. Sian then became a mental health commissioner before moving into senior operational roles in Pennine Care and Greater Manchester Mental Health Trusts.

After joining NWAS in August, Sian said, "I absolutely love it! Before I started, some people told me that organisation would be difficult to join for a woman and for someone who isn't a paramedic. What I've actually found is the complete opposite."

"Everyone has been incredibly welcoming and very forgiving of the steep learning curve that I am on. Also, they appreciate the different perspectives I can provide after joining from a different sector of the NHS."

While four months has only given Sian a brief time to get to grips with the service, she already has some clear aims and objectives.

"I want to continue to cement NWAS as an equal partner so that our priorities are considered equally alongside those of other NHS partners at a strategic level.

"I would also like to contribute to improving the mental health support for staff. As a service that deals with trauma daily, the stresses and strains that it puts on staff are obvious."

Sian is looking forward to continuing to get to know the NWAS team across the region and positively contribute to improving services for patients and experience for our staff.

“Our baby was born weighing less than a bag of sugar.”

A premature (preterm) birth happens before 37 weeks of pregnancy. Globally, more than 1 in 10 births are classed as premature. In the UK, more than 53,000 babies are born prematurely each year.*

Newly Qualified Paramedic (NQP) Kriss Spencer's little boy Noah was born in August last year, at just 29 weeks of pregnancy. He shares his family story with the consent of his partner, Molly, to raise awareness of premature births from a parent's point of view.

Rewind 14 months and what started as an ordinary Thursday for Kriss on his shift at work ended up being one of the most traumatic times that he and Molly have ever faced.

Kriss, who is based at Crewe ambulance station, said, "Molly was 29 weeks pregnant and had felt the baby move less than usual. She went to our local hospital and ended up being triaged by the maternity teams for further investigation."

At this point, Kriss, who was nearing the end of his emergency medical technician (EMT) to paramedic apprenticeship, received a call and had to leave work to get to Leighton Hospital.

He continued, "The midwife did the initial assessments. Molly was hooked up to a cardiotocography machine, which monitors the baby's heart rate and uterine contractions during pregnancy and labour. We knew something wasn't right as she went to get her colleague. When the consultant came in, alarm bells rang in our heads as he told us he wasn't happy with the baby's heart rate. The consultant spoke to another colleague, and they decided they needed to take action.

"Molly was cannulated and given medication to protect the baby's lungs. She had an emergency scan which revealed that our baby was undersized and the placenta wasn't working efficiently.

"By Saturday, they informed us that we were going to have to prepare for a caesarean birth immediately. At 10:51pm Noah was born at 29 weeks and two days, weighing a tiny 905 grams."

Noah was immediately taken to the neonatal intensive care unit and intubated. While Molly was receiving care from the midwifery team, Kriss sat with his newborn, comforting him as best he could through the incubator's perspex. Soon after, Noah was transferred to Arrowe Park Hospital, where he stayed for a week.

It was here Kriss and Molly took some comfort from a nurse who reassured the pair that whilst Noah was where he was, everything was working as it should. He was just so incredibly tiny, and he needed to grow stronger.

Once Noah was extubated and breathing by himself, he was able to go back to Leighton Hospital, where he spent the first three months of his life.

Talking about what happened, Kriss says, "Nobody can prepare you for what was such a traumatic event for us. No amount of EMT or paramedic training helps you deal with the situation and what is happening.

"We coped because we had no other choice but to cope, as people do in lots of different circumstances. There were times when it nearly broke us. It was so hard for me to see Molly on the day that he was born, having to go through the torment of leaving him in a different room. But the reality was she had just had major surgery and needed to rest, and Noah needed to be in intensive care. Noah was three days old before we were both able to hold him which was so difficult as parents."

Noah was discharged from the hospital at the end of November 2023 and spent until the end of June 2024 on home oxygen. He is now thriving having been on his first holiday to Tenerife with mum and dad. Kriss said, "He is the cheekiest little chap and always has the biggest smile on his face, even when he is full of cold. He is our little fighter."

Kriss graduated his apprenticeship without delay, a testament to his character, and is enjoying his role as an NQP. "'I've shared our story from a dad's perspective as we are sometimes forgotten about in these situations, and it can seem a lonely place for a dad to be.

"My advice would be to speak up if you are struggling and share your feelings if you can with somebody. I did, and it helped me."

***Tommy's - the pregnancy and baby charity. It is now the largest UK charity researching the causes and prevention of pregnancy complications, miscarriage, stillbirth, and premature birth.**

Taking a stand

Throughout December, you may have seen our social media campaign highlighting the issue of violence and aggression our staff face out on the road and over the telephone.

Our hard hitting videos featured real phone calls and stories of abuse experienced by colleagues. They make for an uncomfortable watch but we felt it important to highlight the issue.

On average, we see approximately five incidents per day - these include both verbal and physical abuse targeting ambulance crews and call handler staff. They do not include the many incidents we know go unreported. A new team has been appointed to encourage staff to report any incident of violence and aggression.

Former detective Natalie Samuels joined the service in July as head of violence prevention, reduction and security. With 15 years of policing experience, Natalie is leading efforts to ensure no abuse goes unchecked.

"Our service users need to be aware that they can't hide behind the phone, verbal abuse is not okay and you can be prosecuted. We also want to raise awareness and educate staff that any form of abuse should not be accepted and only by reporting these incidents can these offenders be punished for their abuse."

Natalie has already made a significant impact. After working with NHS 111 colleagues in the summer to encourage reporting of verbal abuse, violence and aggression incident reports increased by 500%.

To strengthen support for staff, Natalie has expanded her team, appointing violence prevention and reduction specialist practitioners across the NWAS footprint. These specialists provide advice and direct support to staff through the prosecution process, promote the use of body-worn cameras, risk map repeat offenders to proactively address potential threats, and implement strategies aimed at preventing future offences.

Natalie is also working closely with external partners, including police, hospitals, local councils and violence prevention networks to address the issue.

Our message is clear - violence, the threat of violence or verbal abuse towards our staff can result in a prosecution.

We featured one such case in our campaign: In July Mahinder Singh, 36, from Trafford, was handed a £500 fine, 100 hours of unpaid work and a 16-week prison sentence suspended for 18 months after a homophobic verbal attack on a call handler. The call was featured on BBC North West Tonight in December 2024.

Natalie and her team have been warmly welcomed by colleagues and we will continue to publish their success stories.

Two generations of one family caring for our patients

CAREERS WITH HEART.

Wendy Burke from Tameside works in our Patient Transport Service (PTS) and coordinates the rotas for staff.

Her daughters, Katie and Niamh, also work in the service as ambulance care assistants, and her husband, John, used to do the same role.

Between the four of them, they've clocked up over 54 years of service looking after patients and have loved every minute of it.

In 1990, Wendy joined PTS as an auxiliary, now known as an ambulance care assistant. For the last 34 years, she has enjoyed various jobs within the service, including on the road, in the control room, and as a team leader.

She met her husband, John Burke, when he was also working as an auxiliary. They married and went on to have two daughters, Katie and Niamh.

John left the service in 2004 after sixteen years, although he returned for a while as a volunteer car driver supporting PTS.

Following in mum and dad's footsteps, Katie joined the service in 2021 and Niamh in August last year, making her the latest family member of the Burke family to join Team NWAS.

The sisters are both based at Audenshaw ambulance station and did their first shift together recently. Katie said, "When I left university, I went into a job in sales, and it was so boring being in an office from nine to five. I kept thinking there was more to life than this.

"I knew I wanted a rewarding job, and I knew exactly what mum did and how much she liked it. I applied for the ambulance care assistant role, and now I am so happy doing what I am doing as I find helping people so fulfilling. What's more, I get to work with my sister every so often, which is brilliant."

Wendy said of her daughters' career choices, "I never expected both of our daughters to join the ambulance service, but I am proud that they have. They are loving it and seem settled in their roles.

"Once you get your foot in the door at NWAS, there are lots of opportunities and career paths you can take, so I am excited for the girls."

If you want to join NWAS and have a career with heart, we advertise all our current jobs on our website **nwas.nhs.uk/careers** where you can apply.

Battling Alzheimer's and dementia

Marie Whitehurst, an NHS 111 clinical advisor for nearly four years, has always been proud of her career as a registered nurse and midwife.

Her parents, especially her father, Frank, shared that pride. But as life would have it, the medical knowledge she learned throughout her career became deeply personal when both her parents began battling Alzheimer's and dementia.

Frank, Marie's father, began showing signs of memory loss before his 80th birthday in August 2018.

Marie said, "He had been struggling with remembering things like how to use the TV remote control or where things were in the house. Despite these difficulties, he maintained his routine of walking into town and returning home by bus."

Over time, Frank's memory issues worsened, and his wife, Vonnie, reached out to their GP. After a series of tests, Frank was diagnosed with Alzheimer's in 2019. Vonnie took on the role of Frank's primary caregiver.

Marie explained, "She coped ok at first, but as his illness progressed, it became clear he was too much for her to handle. She couldn't clean him properly, and as his speech was affected, he couldn't make his needs known. He began to suffer from frequent falls.

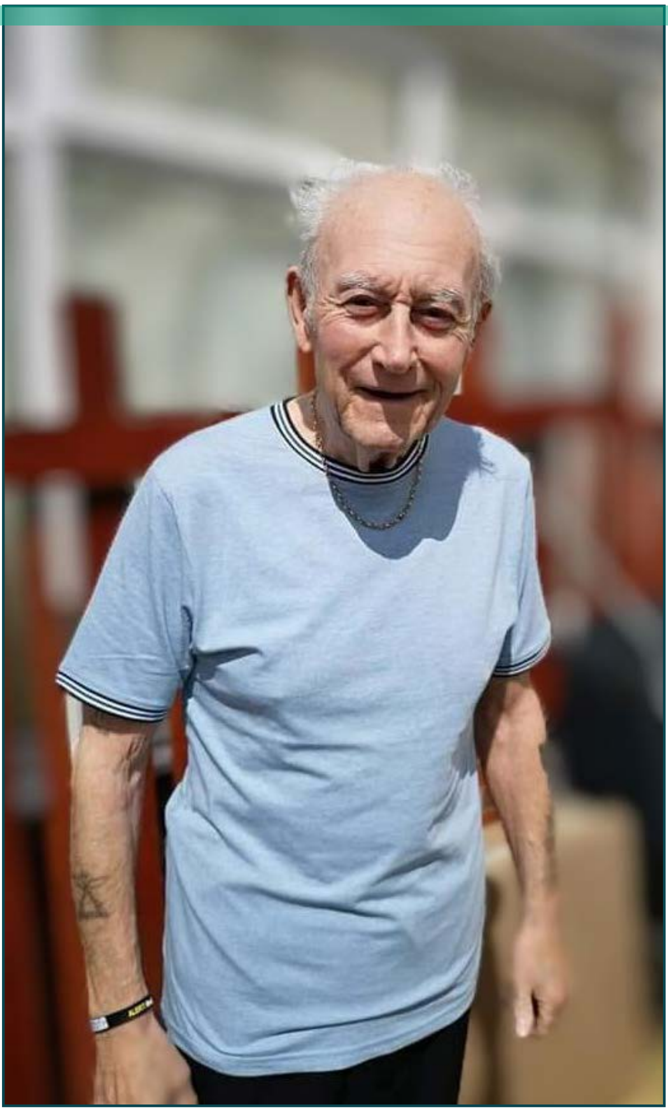
After one particularly severe fall, he was hospitalised with a head injury. The doctors wanted to discharge him home, but we had to insist he needed to be admitted and at least have a head scan which wasn't initially offered. He was transferred to a dementia unit and transferred again shortly after to a rehab hospital near his hometown. Unfortunately, he wasn't very happy and became disruptive, hitting a member of staff and throwing his jug of water across the room.

"He returned to the dementia unit, and his mental health was assessed further. During a visit by my mum, he became very violent and aggressive, which upset my mum. My dad was sectioned under the Mental Health Act and was started on antipsychotic medication. In January 2020, he was transferred to a mental health hospital in Blackpool, where his health continued to decline. By March 2020, he was placed in a care home near his hometown."

The onset of the pandemic made visiting her dad nearly impossible. Marie added,

"Visiting him during the pandemic was very difficult as, initially, no one was allowed into the home. Once a visiting pod was opened, we were allowed to see him but couldn't touch him, and I remember on one occasion he became very frustrated and punched the perspex window.

"Sadly, my dad contracted COVID-19 and died in January 2021."



Marie's mother, Vonnie, had always been in reasonably good health, aside from a long history of depression. She managed to avoid contracting COVID-19 during the height of the pandemic, but around six months after Frank's death, the family noticed troubling changes.

Marie explained, "She began losing weight, struggling to walk, and forgetting to take her medication. She also began having falls, so we placed cameras in her home so we could keep an eye on her when we couldn't visit. Carers were coming in twice a day, but often, my mum wouldn't let them care for her, and eventually, I had to cancel them, and my daughter-in-law began caring for her.

"One of us was constantly watching the cameras through our phones, and one morning, we couldn't see my mum in her bed. On moving the camera, she was on the floor with the commode on top of her. She had banged her head during the fall, so she was taken to hospital."

The family faced familiar challenges in advocating for Vonnie's care. Although there was no official diagnosis of dementia, they recognised the signs.

After being admitted to the hospital, Vonnie contracted Covid-19. She was eventually transferred to the local hospital for rehabilitation and physiotherapy, but her condition had deteriorated significantly. Weighing up the options, it was decided that Vonnie should be moved to a care home in July 2023 for ongoing care and assessment.

Marie added, "Her dementia, now officially diagnosed, has progressed, but her symptoms are different from those my dad experienced. She hasn't any problems with her speech, but what is upsetting for me is that she thinks my dad has left her.

"My sister thought taking my mum to the funeral service for my dad would help her, but it didn't. She has never been one to socialise and finds it difficult to mix with other residents. She also cannot remember my youngest son, which is so sad as she looked after him from being three months old so I could do my nurse training."

Marie and her family visit Vonnie as often as they can, but it is painful to see her upset and crying. Despite these challenges, they take comfort in knowing that Vonnie is receiving good care, which is all they have ever wanted for her.

Reflecting on her experiences, Marie would advise anyone in her position to be as prepared as possible.

She added, "I would suggest getting a Lasting Power of Attorney for health and finance as soon as possible for any elderly parents. We only had it for finance for my dad which meant any health meetings had to have a social worker present. I have got both for my mum. Seek advice from any dementia agencies to help; you never know what you might need."

Raising awareness of Mitochondrial Disease

Mitochondrial diseases are a group of genetic conditions that affect how mitochondria in your cells produce energy. Mitochondria produce most of the energy your body needs. If you have a mitochondrial disease, your cells can't produce enough energy.

Meet Alex, she is 33 years old and has Mitochondrial Disease. This is Alex's story as told by her mum, Cheryl, who is a patient safety incident coordinator within Team NWAS.

"I was only 20 years old when I gave birth to Alex. We didn't get off to such a good start as she was so unhappy as a baby, crying all the time and feeding every 1-2 hours, only taking minimal amounts and mostly vomiting that back up. We just went around in circles, and it was exhausting.

"Alex didn't meet many of her milestones on time; she met them eventually but later than everyone else her age.

"We took Alex to our local child development centre and saw the paediatrician there, who felt Alex would benefit from a brain scan due to being unable to speak and being very hyperactive.

"We had various tests at our local hospital and finally got a diagnosis in 1997. The consultant told us Alex's brain was damaged, and it was a part that affected speech, language, coordination, and behaviour. She told us very abruptly that Alex would never go to university, get married, have children, or hold an intelligent conversation and that was the end of the conversation.

"Alex's dad Gary and I walked out of the hospital that day winded with no help or support and to say we were devastated was an understatement."

"In 2008, Alex's grandad had a heart attack, and Alex was present at the house when he became unwell, and the ambulance arrived. Up until this point, Alex had been living her life with a few non-specific illnesses here and there. But following this trauma, Alex started to become quite unwell. She had behaviour changes with some psychotic episodes, also bizarre eye movements, visual disturbances, and constant vomiting.

"We were worried beyond belief; we didn't know what was happening to her, and neither did she. We had test after test and were finally told that Alex had suffered a stroke.

"A stroke. How could this be? She was only 17. Strokes don't happen to 17-year-olds, and they especially don't happen to my 17-year-old."

After another brain scan, the consultant told Cheryl and Gary that Alex's Mitochondrial Disease had spread to other parts of her brain.

"Things seemed to be going from bad to worse with Alex's health, she stopped being able to go the toilet independently, and I had to learn how to catheterise her. She also couldn't see properly and had to wear a patch over her glasses because she was seeing two of everything, and this was making life difficult.

"Her mood was terrible, with terrible outbursts of anger, which was very unlike Alex. She didn't smile or laugh; I couldn't cope with thinking that I might never hear that laugh and see that smile again.

"We had regular visits to the neurologists and psychologists. She was medicated for her mood, and this helped slightly. As for her health, the neurologist couldn't tell us what was happening and said she was deteriorating, and she wasn't sure how long she had left of her life. Our life had come to a standstill, and our whole world came crashing down around us; I couldn't contemplate the future and what it could hold.

"We decided after one of our appointments that we would not let this illness define us and dictate our life. We agreed that from that day on, we would make every day count and try not to look too far into the future; we would live for today.

"Fourteen years later and Alex is still my beautiful, loving daughter; she isn't the same person she once was. Her health has declined massively; she's had multiple stroke-like episodes, which have left multiple lesions on her brain, and she suffers from tremors and myoclonic jerks. We now have a diagnosis of Leigh's Disease, which is a severe, inherited neurological disorder that affects the central nervous system.

"However, we are still determined to live life to its fullest and create daily memories. Alex has good days and bad days, and the bad seem to be tipping the scales slightly. However, we will fight this disease till the end.

"She has learning difficulties, so she doesn't understand how unwell she is; rightly or wrongly, we don't tell her too much; she can't process and digest information like everyone else can, so we tend to protect her.

"Alex is the most infectious and funny young lady; she is so caring and has a knack for drawing people in and getting what she wants. She certainly is a character; she is one of a kind, and I'm so glad she's mine. She has made me the person I am today.

"We're strong supporters of The Lily Foundation and The Leigh Network, both charities that fund research into the disease and help bring those affected together for information days."

The end of an era

Two crewmates in Bolton are about to wave goodbye to each other after sharing an ambulance cab for more than 27 years.

Emergency Medical Technician Andy Green and Paramedic Ste George were brought together by management at Greater Manchester Ambulance Service in 1997 before NWAS existed.

They have 64 years of experience between them. However, a back injury has led to Andy retiring from the service, bringing an end to their long and happy working relationship.

Jokes between them have bounced back and forth for more than two and half decades, and Ste says it's the main reason why their relationship has remained so strong.

"I wouldn't have stayed working with the service if it hadn't been for Andy; we have similar personalities, and both understand what each other is thinking.

"That helps us when we have to treat patients. Instinctively, we're both looking for the same things and often, a knowing look between each other is enough to convey what we're thinking in certain situations."

Ste says that over the last 27 years, the pair have helped mothers give birth to 32 babies, although Andy remarks he can't believe he kept count.

"Do you remember when we delivered the baby in the back of the ambulance, and she asked us to be godparents?" Andy recalls.

"She was so grateful because it came so quickly while we were on the way to the hospital.

"We had to decline," he goes on to clarify, "we had to explain to her that it would be more appropriate for family members and friends to be them and managed to talk her round."

Ste added, "There are many nice moments we can look back at together. There are lots of positive outcomes from cardiac arrests and lots of thank yous."

"But as you expect, we see some horrible things, too," he continues.

"Because of our relationship, we've supported each other through the bad times, often using our humour to brighten the situation, and Andy's taught me how not to take the job home with me."

"I'm gutted – he's leaving for good. I've been working with different people for several weeks now. I find myself reminiscing on how we worked together. But ultimately, I'm grateful that I've been able to work with a good friend for so long."

Why early testing can save lives

In August 2023, Ambulance Care Assistant Jeff Banks, who works in our Patient Transport Service, was diagnosed with prostate cancer after a routine health check-up. Now, he's sharing his story to encourage men aged 45 and over to take proactive steps and get tested.

Reflecting on his diagnosis journey, Jeff, who is in his 50s, said: "In January 2023, I went to my GP for a general health check-up. They tested my blood, and my PSA reading came back high."

The prostate-specific antigen (PSA) test is a simple blood test that helps detect prostate conditions, including prostate cancer and enlarged prostate.

Despite the initial findings, Jeff admitted to some hesitation. "They had to test my PSA levels two more times, but I was putting off getting tested again. I cycle a lot, so I assumed the high reading was because of that. Eventually, I got tested again, and when the results were still high, I was sent for an MRI scan and a biopsy."

In August 2023, after a delay in receiving results, Jeff was officially diagnosed with prostate cancer. He explained, "I was told I had prostate cancer, but it's not active. That means it's not causing any issues and hasn't spread. I could live for many years without symptoms or needing treatment.

"Now, I have regular blood tests every four to six months to monitor my PSA levels and a biopsy every two years."

Over a year since his diagnosis, Jeff continues to lead an active life. "I'm still doing everything I was before - cycling, training, and working. As the cancer is dormant, I haven't experienced any symptoms.

"I'm so glad I got tested because I would never have known I had it. It's better to know than to remain unaware so it can be monitored. I understand I may need treatment in the future, but I also recognise it may remain dormant for the rest of my life."

Through his experience, Jeff urges men over 45 to prioritise their health by asking their GP for a PSA test. He added, "As men, we can be stubborn, often thinking, 'It won't happen to me.' That mindset needs to change - I'm living proof of that. I am an active male who likes to cycle a lot to keep fit, who went to his doctor for a health check-up which included taking bloods to see that everything was satisfactory, and it wasn't. A few minutes of discomfort during the internal examination is nothing compared to the risk of finding out too late. It's worth it."

More information is available at **prostatecanceruk.org**.

"A routine smear test saved my life."

Laura's story

NWAS call handler and mum-of-two Laura Balderson underwent cryotherapy - a treatment using extreme cold to destroy precancerous cells - after a routine smear test detected abnormal cells. According to Cancer Research, 99.8% of cervical cancer cases are preventable, and today, Laura shares her story to highlight the life-saving importance of regular cervical screenings.

In 2003, cervical cancer screening guidelines changed, raising the starting age from 21 to 25. This change meant that Laura, just six months away from turning 21, had to wait an additional four years for her first smear test. She said, "As soon as I got the invite, I rang and booked it. I was a little nervous as it was my first one, but I understood the importance of what it can prevent.

"When I turned 25 and went for my smear, Jade Goody had recently died, and as such, everybody had been for their smears, and the results were really delayed. I chased my results up numerous times just to be told I needed to wait as they were backlogged due to the 'Jade Goody effect'."

Six weeks later, Laura received a letter stating that her smear test had identified precancerous cells, and she was referred for a colposcopy - a procedure to take a closer look at the cervix. Reflecting on that moment, she said, "All I saw was 'cancerous'. My brain didn't process the 'pre' part. I went to the GP surgery to get further information as I didn't know what a colposcopy was, and I was scared. The receptionist also didn't know, so I had to get a nurse from the baby clinic to come and explain to me what it was."

Despite her fear, Laura underwent a colposcopy. "It wasn't as scary as it sounded. The nurse took a needle biopsy. I believe it was CIN 2 grade that they found, which means two-thirds of the thickness of the cervical surface layer was affected by abnormal cells. They referred me to have the cells removed via cryotherapy. I was devastated by this news. I was concerned that I wouldn't be able to have children and that I was going to die."

Shortly after, Laura had the cryotherapy. Talking about the procedure, she explained, "The nurse showed me the equipment she was going to use. It was like a big gas probe that was inserted. The feeling was like the worst period cramps ever, but that beats having cancer, so it was worth it. I was fine after the cryotherapy. It was just like having period cramps, and I was a little uncomfortable sitting down. I went home and took some paracetamol and got a hot water bottle."

Laura later had a follow-up colposcopy to ensure the cryotherapy was successful. Although painful, the results confirmed the treatment had worked. She continued to have smear tests every year until they were satisfied with the results. After four years, she went back to the routine three-yearly checks.

In April, Laura's latest smear test came back positive for human papillomavirus (HPV), a virus that can increase the risk of cervical cancer. However, in most cases, the body's immune system clears the infection on its own, and Laura will have another test next year to check.

Looking back, Laura urges everyone eligible for a smear test to go for it. She added, "People think that you need to be sexually active to have a smear test, but this isn't true. Please have your smear tests done - it could literally save your life. The nurses do hundreds a day. They will put you at ease and the few minutes of mild discomfort are certainly worth it for peace of mind and potentially saving your life."

Life as a community first responder; meet Kamran

Kamran Nazir had always wanted to give back to his local community but struggled to find the right opportunity. In 2022, a back injury requiring surgery and two months off work gave him time to contemplate what he wanted to do. He decided he wanted to help people in their moments of need by becoming a community first responder (CFR).

CFRs are trained volunteers who respond to emergencies in their local area, providing critical support until an ambulance arrives.

Kamran joined Team NWAS as a CFR in June 2023, less than a year after his injury. Recalling his journey, he said,

"In August 2022, I sustained a herniated disc injury and had to take eight weeks off work after surgery. It gave me time to think about my life and what I wanted to do. I had wanted to volunteer for a while, and this gave me the push to do it."

Kamran completed his CFR training in the summer of 2023, which consisted of written and practical work covering anatomy, physiology, traumatic and medical emergencies, basic life support, and defibrillation. The comprehensive course, completed over three weekends, prepared him for the role.

More than a year on, Kamran has become a familiar figure in Blackburn, where he volunteers. Reflecting on his role, he shared, "I really enjoy volunteering. I like being there and helping people when they are in bad situations. Most of the calls I get are for difficulties breathing, chest pains, and cardiac arrests. Being able to give someone a fighting chance is incredibly rewarding. It's also helped me come to terms with how fragile life can be and to appreciate my personal and family life."

Despite running a busy vehicle auto electrician business, Kamran dedicates four days a week to volunteering. His flexible schedule allows him to balance work and his commitment to the community. He explained, "I am fortunate that I work for myself, so I can be flexible with the hours I work. Over winter, my workload increases, but nights get darker earlier, so I use those lost hours to respond to emergencies, often signing on after work during the week and then on Sundays."

CFRs like Kamran use an app to let the control centre know when they're available. Based on their location, they're then dispatched to emergencies to give vital, often life-saving support.

Kamran is part of a CFR team that was recognised as finalists for the Health and Wellbeing Award at the 2024 Blackburn and Darwen Community Volunteer Awards in November. Out of over 1,000 nominations across 12 categories, the team stood out as one of just three finalists - a testament to their dedication. "Being shortlisted for that award was amazing. It's such a positive and rewarding feeling to be acknowledged for our work," added Kamran.

If, like Kamran, you want to give something back to your local community, take a look at the opportunities to volunteer with us by visiting **nwas.nhs.uk.**

In a mental health crisis?

Call 111 and select option 2

You can access round-the-clock support from a mental health professional in your area, anytime you're facing a mental health crisis.

Please note, this number is not for repeat prescriptions regarding mental health, you will need to contact your GP or prescriber for this.