

Transcription of an interview conducted 26 March 2018

Interviewee: JOHN WROATH-BAILEY (JWB)

Interviewer: ALEX BEARD (AB)

Kingston, England

Transcription: JAREK ZABA

[00:09] So this is Alex Beard on the 26th of March and we're in Kingston today and I'm joined by-

JWB: Er my name's John Wroath-Bailey. I'm a paramedic for the London Ambulance Service. Born 25th of September 1992. And born in Melbourne, Australia.

[00:25] AB: Great. So I wonder if you could start by just telling us a bit about what the cycling paramedic service in Kingston is.

JWB: Err so the cycle response unit within the London Ambulance Service was set up in I think 2001. Er - initially at Heathrow Airport, the idea behind it was to reach patients in difficult to reach areas that were difficult for motor vehicles to access. That subsequently then expanded over the years initially going out into central London. Erm and more recently into Kingston. Erm. Off the top of my head I cannot recall the exact year it started. Erm - the idea was in Kingston - Kingston's quick heavily pedestrianised with lots of one way streets. Erm and is actually quite difficult to motor vehicles to easily access quickly - certain areas in the town centre. So the idea being is that you have bicycle in Kingston town centre and we can very quickly get to any part of the town centre. Errrm aaand provide initial treatment and assessment for patients who fall ill in that area. Until an ambulance can arrive if they're required at all.

[01:33] AB: Great. So what kind of erm - supplies do you keep in your - in your bike?

JWB: Er so we carry a massive arrange of equipment on the bicycles. Erm. We have kit to manage pretty much everything you can think of - cardiac arrests. Erm. We can deliver babies. We've got maternity kits. We've got airway management stuff. Er - cannulas - a whole range of drugs. Errm. We have trauma kit as well. Er to deal with all manner of trauma from sort of accident, shootings, stabbings, assaults, car accidents. Anything you can think of. We essentially carry almost all the same kit as an ambulance except mini versions of them so that they all fit on the bike. Fully loaded I believe it's about 50 to 60 kilograms. Once fully laden.

[02:22] AB: Erm so the idea is that you on your bike will be able to - to treat people - you're not just there to then phone for a treatment ambulance.

JWB: That's correct Alex. We - we have - so I-I normally would work on an ambulance myself. I'm a paramedic, I've been so for about three and a half years er working in ambulances generally for about six and a half years. Erm. Our role isn't just to work out if an ambulance is needed. Our role is to get assessment and treatment rapidly to people in areas that are difficult to access by motor vehicle. Er so your sort of typical road ambulances or fast response cars we have erm and we're fully qualified paramedics - we're able to give quite a high levels of treatment and assessment to our patients who need us.

[Interruption]

[13:53] AB: What would a sort of typical - I know that's a stupid word to use, a typical day on the bike on the bike erm - but like in Kingston, where do you go to first, what happens?

JWB: So a typical day we - so we are based at New Malden Ambulance Station. So we start our day there, we check our kit, sign all our drugs out. Erm. And then we'll cycle from New Malden Ambulance Station down into Kingston town centre. Erm. And there is a church there called the Everyday Church erm on - I think it's not - it's not Eden Street. I forget the name of the street now. But just somewhere - some-somewhere very central who we've built a relationship with over the years and they very kindly allow us to use it as a standby point. Erm. So we - we're usually based in the church. If we aren't on a call. Awaiting a call. And that puts us in a really central location in Kingston and allows us to get everywhere in sort of Kingston area very very rapidly. Erm. So what we tend to do - cycle down in the morning. Set ourselves up. Erm. And then we await calls. Erm. **[15:00]** So we are sent to all categorisations of calls. Erm. Anything from sort of very low acuity to the very very worst acuity. Erm. We definitely do between 3 to 5 calls a day on a sort of average day. On a busy day we can sort of top 8, 9, 10. Erm. We go to pretty much anything you-you can imagine. Erm. Anything from sort of very minor sort of cuts and scrapes and falls to cardiac arrests and severe difficulty in breathing. Chest pains. Heart attacks. Seizures. Er - accidents, traumas, assaults. Erm - an-anything you can really think of really. We-we we'll go to it.

[15:44] AB: Erm so I wonder without obviously going into er anything that's too specific to talk about, I wonder if you can just sort of er maybe tell us a few - a few er calls that you've had while in the time that you've been here in Kingston.

JWB: Err so I've person-I've only been - myself been based in Kingston on the bikes for approximately three weeks. So in that time I've-I've been to quite a number of calls. I've been to elderly persons who have fallen down quite a few steps and have been - sustained quite serious injuries from that. Errm - I've been to alcohol related calls unfortunately. Erm. I've been to a number of seizures. Erm. I've been to a call which I can't really elaborate too much about but it was a fire related call which was quite - quite nasty. Erm. And [pause] yeah just a number of other bits and bobs really. Erm sort of shortness of breath. Er complications of pre-existing medical conditions. Erm. And then we deal with it. And if we can we try and save frontline ambulances by referring them onto a more appropriate care pathway. Or managing and discharging ourselves on scene. Erm. But obviously if they require conveyance to hospital via ambulance we have to organise it for them.

[17:10] AB: And erm is it - what sort of times of day er- does it operate? Is it - is it a daytime thing or do you go in the evening?

JWB: So we have two main types of shifts. We have what we call the early turn which is from 7am til 7pm. And we have the late turn. Which is from 10am til 10pm. So the latest we will operate er in Kingston is til 10 in the evening. And then after that it'll be your standard kind of ambulance response that you'll receive in Kingston town centre.

[17:40] AB: Cool. And y-you touched on it erm at the beginning but if we just erm return to the bike. I mean can you tell us a bit about erm how you found er cycling as a mode of transport to get around the town centre in the time you've been here?

JWB: Er so when I first came to Kingston I wasn't very familiar with the area. Erm. However now I've sort of getting to know a little better I think cycling is a fantastic way to get around Kingston town centre. Erm. There's lots of cycleways. Erm. Lots of er specific cycle routes for cyclists in Kingston. Erm and lots of sort of traffic lights that allow cyclists to travel across. Erm. I think cycling is definitely a really really quick convenient way to get around Kingston. Er especially for our purposes. Erm. It allows us to sort of utilise shortcuts. And cut throughs. And cycle paths to reach patients in a really rapid fashion. Erm. And start delivering treatment as quickly as possible.

[18:37] AB: I mean erm - o-o-obviously you're here in Kingston on-on a Saturday it can be extremely crowded with pedestrians, do you ever find that's an issue or are people pretty good at getting out the way or?

JWB: So we we - when we do our training erm for this we do quite extensive training and a lot of that is focused around slow speed maneuvers. Erm safely moving in between crowded areas of pedestrians. Erm so w-we have to sort of have a quite a high standard of cycling skill anyway. So we - we're - we are trained to go in between crowds at varying different speeds as long as it's safe to do so. Erm. So it's not too bad. We even when it's quite busy we still get a-we still manage to negotiate our way through quite quickly I think.

[19:24] AB: That's great. So I wonder if we can just erm talk a little about you personally. So it - are you a keen cyclist?

JWB: Erm I'm a very keen cyclist. I er - I started - I grew up in a place called the Isle of Wight in the south of England. And I did a lot of cycling there as a kid. Erm when I went to university I did a lot of cycling at university. Two years ago I cycled to Amsterdam for charity. And this year I'm cycling to Hamburg for charity. Erm. I used my bike as my main mode of transport, I don't own a car. So I use that to get around everywhere. Erm I have for a number of years, I'm **[20:00]** a very very keen cyclist. It's part of the reason why I chose to join the team here. Erm in the cycle response unit in London Ambulance Service. Erm. It was actually part of - one of the factors why I applied to London in the first place was the sort of intention of trying to get onto this team eventually, so I'm very happy where I am at the moment.

[20:20] AB: That's great, so that's really interesting. So you erm - so you sort of joined the London Ambulance Service with a view to coming here to cycle?

JWB: That was the plan yeah. Erm - it's not - the only other place in the country that I know about that has this sort of England is North West and I know they run bicycles in Manchester town centre. Erm. Other than that I'm not aware of any other cycle response units within any other ambulance services in the UK. Erm. I know that St John's Ambulance Service, the volunteer service - I know they run cycle units. Er across the country. But there's no sort of other NHS service other than ourselves and North West that I'm aware of that do it. So it's quite a unique role.

[21:04] AB: Oh cool. So whereabouts in London were you based before coming to Kingston?

JWB: Er so I was based in London in Waterloo for just over 3 years. Erm I did all my training down in Brighton. Er for three years as a student paramedic with the University of Brighton. Er and then came to London, initially started working in the Southeast, sort of primarily based in Waterloo.