Introduction:
Workload resulting from in-flight emergencies has not been quantitatively analysed in the literature. For hospitals local to major airports, this may have significant financial implications.

Methods:
Review was carried out of all cases admitted to East Surrey Hospital from Gatwick Airport over a 23 year period beginning in 1993. Data were collected by interrogating the ICNARC database. Demographics, presenting pathology and length of stay for each patient were recorded. In addition, the cost of care for patients admitted during 2016 was calculated using recent median figures for intensive care admission (local CCG rates).

Results:
Since 1993, 196 patients were admitted from Gatwick Airport. This was approximately 2% of our critical care admissions. The mean (SD) age was 58.3 (14.5) years, and the median [IQR] length of stay 3 [1.1 – 6.7] days. Around 24% of these patients were non-UK or EU nationals and therefore not entitled to NHS care. Reasons for admission included cardiac (37.2%), respiratory (23.6%), central nervous system (12.6%), and gastrointestinal issues (12%). During 2016, 11 patients were admitted resulting in a total of 48.4 patient days in critical care. The total cost attributable to this group of patients was calculated to be £60,500.

Conclusion:
There is a substantial additional financial burden on hospitals that regularly receive admissions from major airports simply due to their geographical location. There is no additional funding available for providing this service. The pattern of presenting conditions in our population is similar to that seen in previous reports describing in-flight emergencies [1]. Given the increasing accessibility of air travel and the economic pressures on healthcare providers, further analysis of the financial impact of this patient group on certain hospitals would be welcome.

References: