



Volunteer presentation notes

Slide : Welcome and introductions

Slide 2: History of EAAA

- Germany started its own air ambulance in 1970
- The first UK air ambulance was established in Cornwall in 1987. Initially they received some government funding, but within six months this was withdrawn and the Cornwall Air Ambulance Trust was established to fund the aircraft. This paved the way for other air ambulance organisations to be introduced throughout the country
- In 2000, East Anglia still didn't have an air ambulance, but two events led the way for East Anglian Air Ambulance to be founded:
 - Among others, world famous jockey, Frankie Dettori, was involved in a plane crash just after leaving Newmarket. While the jockey escaped with a broken ankle, the pilot was killed in the accident. Frankie was transported to hospital by RAF Search and Rescue and saw first-hand how beneficial a dedicated air ambulance service would be to the region. He was among those who launched an appeal to establish East Anglian Air Ambulance, alongside the then Chairman of the East of England Ambulance Service NHS Trust Andrew Egerton-Smith (who became the Chairman of EAAA Trustees until 2015 and is now the Honorary President) and other influential people within the area
 - In the same year, the AA (roadside recovery) sponsored air ambulances across the country. The organisation recognised the importance of the service and aimed to replicate the German system of a percentage of car insurance premiums going towards the funding of the air ambulance. They sponsored £14m, of which EAAA received £500,000. If you have ever wondered why our helicopter is yellow, there's your answer – AA colours! Some other air ambulances have changed, but we've stayed with the yellow and it has become synonymous with us

- Alongside this sponsorship, we created an appeal to raise the £300,000 needed to launch EAAA and the £600,000 a year needed to operate it
- By the end of 2000, we had enough money to launch East Anglian Air Ambulance. We commissioned a Bolkow 105 aircraft from Sterling Aviation with a call sign Anglia One to fly from Norwich Airport
- We began flying in January of 2001 covering Cambridgeshire, Norfolk, and Suffolk
- We initially flew one day a week, on a Friday: statistically this was the busiest day
- By March 2001, we were flying five days a week (Monday to Friday) and by July of that year we were able to fly to seven days a week
- In 2007, Anglia Two began operations from RAF Wyton, moving to Cambridge Airport in 2010. We also extended our coverage into Bedfordshire as part of a national effort to ensure every area within the country was covered by an air ambulance (locally, Hertfordshire and Bedfordshire weren't covered so we took on Beds and Essex Air Ambulance became Essex and Herts Air Ambulance Trust to look after the two counties)
- We now fly seven days a week, 365 days a year
- Since the charity was formed 20 years ago, we have completed over 30,000 missions
- After 18 months of hard work and training, in May 2013 there was another major advancement to the organisation when we became the first air ambulance service in the country to fly to unsurveyed and unlit sites in the hours of darkness
- Our first night flight team was available and ready to fly on 24 May 2013
- Both our helicopters are equipped and capable to undertake night time HEMS missions (helicopter emergency medical service).
- Cambridge operates from 0700 – 1900 by air. 1900-0700 by RRV Dr and Paramedic team
- In June 2021 Norwich commenced 24/7 becoming the first air ambulance in the East of England to fly 24/7
- Throughout the past 20 years we have strived to offer the best service we can and we have steadily and consistently developed and improved. We are continuing to seek improvements and to remain at the cutting edge of pre-hospital emergency medicine

July 2009: critical-care paramedics

A dedicated team of critical-care paramedics were appointed to work solely on the aircraft.

December 2010: flying doctors and Cambridge base

Paid doctors seconded from NHS began to crew the helicopters. This guaranteed the best possible clinical service 365 days a year. Anglia Two started operating out of Cambridge Airport.

June 2021 – EAAA became the first air ambulance in the East of England to fly 24/7 from Norwich

Slide 3: EAAA 20th anniversary varied edit – 3 min 46 s

Video with great footage of helicopter being called out, how the service has changed over the years and shows variation of patients and medical needs that we attend

Slide 4: Why we are needed?

- There are 20 air ambulance charities in England and Wales, with over 30 helicopters between us
- We provide a Helicopter Emergency Medical Service (HEMS) to the victims of accidents and medical emergencies in East Anglia
- We work towards providing advanced medical care within the 'golden hour'. The 'golden hour' refers to the first 60 minutes after someone falls seriously ill or suffers a serious accident/injury, if prompt medical treatment is received the likelihood of a fatality occurring reduces
- To offer this advanced care we carry a highly skilled doctor and critical-care paramedic on board. This allows us to provide a range of time critical, and often lifesaving, procedures. We also carry a range of specialist medical equipment on board
- It is not just about getting to the scene quickly, it's about the expertise, experience and equipment we are able to provide when we arrive
- This standard of care is usually only found in hospital itself. It is like taking A&E to the patient
- We can also transfer patients to hospital quickly and are able to reach anywhere in the region within 25 minutes. Not only can we fly them quickly to hospital but we can also transfer them to the most appropriate hospital for their needs. The doctor can make an informed decision at the scene of the incident as to which hospital will best suit the patient's treatment requirements. For example:
 - Trauma cases: The Norfolk & Norwich Hospital or Addenbrooke's (major trauma centre for the region)
 - Brain trauma: The Neurology department at the Royal London Hospital (also home to the London Air Ambulance)
 - Cardiac arrest/ heart problems: Papworth Hospital - one of a small number of specialist Cath labs within the region. Papworth Hospital, the UK's largest cardiothoracic hospital
 - Burns victims: Broomfield Hospital, Chelmsford
- Not all of our patients are airlifted to hospital for a variety of reasons. For example, Anglia One tends to airlift the majority of their patients due to the rural location of Norfolk whereas Anglia Two is closer to major hospitals. If taken by a land ambulance our medical crew will usually stay with the patient until they arrive at the hospital to ensure the patient is monitored, assessed and sometimes treated during the journey, and to ensure a thorough handover process to the hospital team
- It is also determined by whether the patient's condition is stable enough to fly. Limited space on board the aircraft limits the interventions which can be carried out in flight e.g. if a patient had a heart attack whilst in the air it would be more difficult to perform procedures necessary to save their life, whereas a land ambulance can pull over and is more spacious
- It is this combination of specialist, advanced medical care at the scene of the incident, and the rapid onward transfer that is vital in saving lives or reducing the long term effects of a person's injuries/illness

Slide 5: How we are called out

- We play an important part in tasking the HEMS crews across East Anglia with some of our CCPs doing a regular shift on the region's critical-care desk. Since COVID-19 the critical care desk has been moved out of Chelmsford and we now have a desk in both the Norwich and Cambridge base. EAAA share this rota with Essex and Herts Air Ambulance
- Emergency 999 calls come into the call centre and are monitored by highly trained and experienced dispatchers and HEMS CCPs. Each call that comes into the centre is given a CAD number which means computer aided dispatch. These calls are then given a code which dictates the response required by the East of England Ambulance Service. The critical-care paramedics use their experience and clinical skills to determine whether a HEMS crew is needed. As well as looking at the CAD information the CCPs often contact the crew at the scene to establish the exact needs and condition of the patient
- This enables a HEMS crew to be tasked more quickly, often saving vital minutes in providing A & E level care to the scene of medical emergency or trauma. It is an extremely proactive desk where the CCPs constantly scan the CAD to find patients who may have a clinical need for the critical care provided by the HEMS crews across the region. The road crew at the scene can also make a request for the advanced skill of a HEMS crew
- Once it has been determined an air ambulance is required, the nearest crew to the scene is tasked. This can sometimes be an out of area HEMS crew that is on its way back to base from a previous mission that might happen to be the closest
- We work closely with Essex and Herts Air Ambulance and Magpas to provide extensive coverage across the six counties

Tasking criteria

- The injury or medical emergency is so severe that a doctor and CCP are urgently needed at the scene to provide pre-hospital emergency medical treatment and administer drugs or life-saving treatment to the patient(s) before they are transferred to a hospital
- The patient is located in a place that is difficult to reach by land ambulance and the delay could cause further harm to the patient
- The nature of the injury or medical emergency means that the patient needs to be transferred to a specialist hospital a considerable distance away
- The road crew at the scene request specialist pre-hospital medical assistance

Slide 6/7: About the helicopters/Inside the H145

- Over the past 20 years we have had several different models of aircrafts using the call signs Anglia One and Anglia Two. We regularly upgrade them to ensure that we can provide the best possible care to our patients
- Babcock Mission Critical Services Onshore Limited are our aircraft operators and we work very closely with them to ensure we have the best technology to provide a first-rate emergency service. They also supply our pilots who are highly skilled and come from both commercial and military background. They have all undertaken specific training in order to fly HEMS missions
- Our two helicopters cost roughly £400,000 a month to run - this has been taken out of the slides as we are in breach of contract giving any specific figures that are negotiated with Babcock.
- This covers the full running costs of the aircrafts; the pilots, maintenance, back up aircraft if

needed (if the helicopter has to be taken offline), and fuel

- The cost of fuel is around £200 alone for an hour's worth of flying
- Each mission we attend costs on average £3,500 (this is an average based on collective costs of all taskings_RRV and Heli, taken over 5 years calculated against number of missions attended)
- In 2020/2021 we were tasked on average 7 times per day
- Through your donations we carry a wide range of lifesaving devices not found on a road ambulance
- In April 2015 we became the first in the UK to take delivery of the new H145 aircraft, after 4 years of waiting. This replaced the EC135 T2 at Cambridge (Anglia Two) and in February 2016 Anglia One was upgraded to the same model
- We now carry a 4 person crew; two pilots, one critical-care paramedic and one doctor
- There is also room for two extra people enabling us to train medical personnel and, where appropriate, take a family member/ guardian
- The aircraft has greater power, more space, and greater endurance, but most importantly enhances our delivery of clinical expertise to patients. We can train medical crew, more can be done to help the patient during the transfer process, and inter-hospital transfers are now a possibility
- Capability of two pilot operation means the clinicians can focus on the medical concerns of the incident on route to the location
- The H145 is a development of the BK 117 series (previously used from 2006), providing us with the same internal space without the helicopter as a whole being too large: if the helicopter is too big then we cannot land close to the patients due to down draught
- Travels at an average speed of speed of 158mph (130 knots)
- It carries enough fuel for over 2 hours with a range of nearly 300 nautical miles. In comparison, the EC135 T2's carried fuel for 90 minutes and 186 nautical miles
- The money to take on the second H145 to replace Anglia One came from a grant awarded by Chancellor George Osborne in May 2015, in relation to the LIBOR Trust Fund. The LIBOR Trust Fund was set up using fines from banks who had rigged interest rates in regards to the London Interbank Offered Rate (LIBOR). We applied for, and were awarded £1.7 million to take on the initial leasing costs
- Our doctors are made up of a team of specialists in pre-hospital emergency care. This includes emergency medicine and anaesthetics
- It is their presence that allows us to provide the specialist, and often lifesaving treatment e.g. provide on-scene surgical interventions if necessary
- Our doctors are employed by other organisations either the NHS or other European Air Ambulance organisations. We have separate contracts with each of our doctors.
- All our doctors receive specific initial training in pre-hospital emergency medicine (PHEM), undertake regular practice review and attend clinical governance days
- We fly a doctor and critical-care paramedic crew – the 'golden standard' for air ambulance
- Before 2010 we used voluntary doctors supplied to us by Magpas however we wanted to ensure that we had a doctor present on board every mission to guarantee the best possible

clinical service. We therefore took the decision to pay our doctors, moving away from volunteers

- Our critical-care paramedics (CCPs) are highly skilled, having undertaken further specialist training to be able to deal with the serious, and often traumatic, incidents they attend every day. This training includes a Master's Degree in critical care.
- CCPs have achieved the highest rank within their profession
- CCPs are seconded to us from the East of England Ambulance Service NHS Trust

Slide 8: Rapid Response Vehicles (RRVs)

- We also have rapid response vehicles (RRV) at the Cambridge and Norwich bases which are used at times where clinicians are available but the helicopter cannot fly, for example poor weather conditions
- Thanks to a government grant, we recently purchased two new Volvo XC90s which will be based at Norwich and Cambridge. These vehicles will be used alongside our Landrovers in a day and night shift pattern, enabling us to deliver our service 24/7 from both car and helicopter in early 2021. The Volvos are able to carry much more kit as well as comfortably carry a third clinician and are fast becoming the RRV of choice for AAs across the UK.
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- They enable our doctor and critical care paramedic to get to the scene of the incident to provide specialist pre hospital medical care
- We also use the RRV if it is easier or quicker to drive to a location, for example in a city centre where landing the helicopter would be difficult
- The RRVs carry all the same equipment as the helicopter
- We purchase 8 of each type of electrical medical equipment, one for each platform and one spare at each base.

Slide 9 Examples of some of the specialist equipment the helicopter and RRV carry

- EAAA always aims to ensure our crews are equipped with the most advanced and technologically capable equipment, to ensure we have as many resources available as possible to help save lives
- **Zoll Monitor** - After a two year period of assessment and fundraising we have been able to replace our hard-working Zoll monitors with the next generation of models. These are the pieces of equipment that we use with **every patient** and which provide all manner of vital information, including pulse and breathing rate, oxygen saturations, blood CO2 concentration, as well as acting as a defibrillator to deliver shocks to cardiac arrest patients. This has cost £145k and has been funded mostly by donations from trust funds. Each patient is connected to the device and provided with continuous monitoring and assessment – staying attached to the monitor until they arrive at hospital, where their care is handed over to the hospital team.
- **Video Laryngoscope**: We have just upgraded to video laryngoscopes at both bases as part of our effective airway management tool kit. If a patient has problems breathing, this is a device which helps to secure their airway; it has a camera on one end which provides a link to a video screen, allowing both the doctor and CCP to see what is going on. Cost: £1,000 per unit.
- **Butterfly IQ** - Portable ultrasound: After conducting a short trial in 2020 EAAA have upgraded

to the Butterfly iQ+ It simply connects to a mobile phone to display high quality images

Ultrasound is a vital piece of kit for assessing the extent of a patients internal injuries, as well as helping to identify veins and arteries for administering medication. This device provides high quality images, which are uploaded to a secure cloud folder and can be shared with other clinical teams. For the first time, senior members of the clinical team can see what the crew are seeing on scene to aid decision making and diagnosis. This function also proved helpful for remote teaching during the pandemic. Cost £1,300 per unit, and your amazing support helps fund vital equipment like this.

- **Lucas CPR device:** The LUCAS chest compression system provides benefits to cardiac arrest patients by delivering consistent, high-quality chest compressions for extended periods of time. It delivers 100 compressions per minute allowing equal time for compression/decompression. It has been shown that using the LUCAS improves consistency of compressions compared to manual CPR. Cost £9,760.00

Slide 10: The region we serve

- Four counties; day and night – Cambs, Beds, Suffolk and Norfolk
- We also cover Hertfordshire, Essex, Greater London when needed
- 5,000+ square miles
- Approx. 3.5 million population

Slide 11 & 12: Mission and patient statistics

2020/2021 statistics

- In 2020/2021 we were tasked on average 7 times per day
- 2632 missions in 2020/2021
- 1434 helicopter taskings and 1198 RRV taskings
- 1011 HEMS interventions – these are defined as a clinical intervention that the ambulance service could not provide..
- The geographic distribution of missions was similar to previous years with Norfolk incidents accounting for almost 45% of all taskings.
- Cardiac arrests were again the most common category of incident. Although still a relatively small percentage of missions were to patients who had self-harmed, regrettably this figure increases year on year
- 954 night missions (between 7pm – 7am)
- 444 patients benefitted from our aftercare service, a 44% increase from the previous year

Slide 13: Cardiac arrests

- Almost a quarter of EAAA jobs are cardiac arrest

- The charity continues to highlight the importance of bystander CPR and the use of a defib

Slide14: Our patients

- EAAA is a service that anybody could need at any time.
- Slide reiterates that we are there to support when somebody has a life-threatening episode
- There are lots of patient stories on the volunteer portal that a speaker can research prior to delivering the presentation or the next slide shows a short video (less than 3 minutes) of patient Jordan Greenwood – see below

Slide 15: Patient story video – Jordan Greenwood

- On 18th May 2017 Jordan Greenwood, from Thetford, was travelling along the road on his motorcycle when a car turned right across his path and into him, throwing him from his motorcycle, causing a serious crushing injury to his right foot and ankle.
- The Anglia One crew was activated at 14:43 and pilots Steve Norris and Joe Abbott landed on scene at 14:59, just 16 minutes after being tasked. The clinical team that day was Doctor Victor Inyang and Critical Care Paramedic Simeon Tomlinson.
- It quickly became obvious to the team that Jordan had suffered horrific injuries and was in a lot of pain. They administered sedation and pain relief and placed his injured leg in a splint. Jordan was then airlifted to the Norfolk and Norwich University Hospital, arriving at 16:04.
- After the team was activated it took them a total of 1 hour 19 minutes to lift the helicopter, fly to the incident, treat Jordan’s injuries, package him safely for flight, fly to the hospital and land. Despite the care that Jordan received, the hospital team was unable to save his injured leg and he had the lower half of his leg from the knee amputated.

To suffer such an injury like that would be devastating for so many people, particularly someone so young, but Jordan has gone on to show that he can do everything he did before and so much more. He has become a film extra, often starring in the roles of injured soldiers who have suffered amputations (he even got to meet Richard Gere) and has even learnt to ride a horse.

In 2020 he and his partner had their first child.

Slide 16: Aftercare service

- The **Aftercare Team** support former patients and their family’s post incident.
They help explain what happened and can put patients in touch with the crew who treated them, and direct them to other organisations who may be of additional support.
They also support families who have lost loved ones, providing someone to talk to, and where appropriate, answer questions.
- 2020/2021 - 444 patients benefitted from our aftercare service, a 44% increase from the previous year

Slide 17: EAAA – Service Innovations and Improvements

- New base in Norwich allows us to fly 24/7 by air - the first in East Anglia
- EAAA has been providing 24/7 care from both its bases in Norwich and Cambridge by rapid response vehicle for the last 18 months but began flying around-the-clock for the first time on 30 June this year, extending the night-time helicopter emergency medical service coverage in the region from its previous finishing time at 1:30am to complete coverage through to 7am. This change saw EAAA become the first air ambulance in the East of England to become 24/7 by both air and by road
- Data from the first 3 months of flying 24/7 by helicopter out of Norwich the charity's crews have been tasked 307 times between 7pm and 7am, averaging nearly three missions a night. During this time, 87 of the taskings were by helicopter
- There are stricter procedures for leaving and departing the airport to comply with noise reduction requirements. To facilitate the additional night flying at Norwich Airport also required upgrading the control system for the runway lights, costing around £60,000 which was kindly funded by the HELP Appeal. This drastically helps to reduce light pollution and saves energy by allowing the EAAA pilots to turn the lights on remotely via the aircraft VHF radio as they depart or approach the airport.
- Using government grant monies, we have upgraded our aging night vision goggles to the latest technology used by the military. These have been described as a 'game-changer' by the pilots since their introduction and will contribute to increasing the safety of our night flying operations.
- As a result of the increased operational hours, the crews have been able to cover a much wider area in East Anglia at night, helping more patients than was previously possible. By air, the crews have been tasked to Peterborough, across north Norfolk, into the depths of south Suffolk and as far southwest as Harpenden in Hertfordshire, to a mixture of emergencies including accidental injuries, cardiac arrests, road traffic collisions, medical emergencies, self-harm incidents and assaults.

- **Blood on board**

By participating in the national RePhill blood trial over the last few years, we have seen first-hand what a difference blood products can make to someone suffering a traumatic injury or extensive bleed, that only a surgeon in hospital can remedy. Administering blood products on-scene and in-flight can give the patient the best chance of surviving to hospital, by increasing oxygen delivery and clot production.

We will need to raise £70,000 a year to continue offering this lifesaving treatment. to implement the project and fund the first year's supply of packed red blood cells and lyoplas (freeze-dried plasma).

Bloodrunners deliver blood products daily to both Cambridge and Norwich base

Since July 2021 The red blood cells are now available on every East Anglian Air Ambulance helicopter or rapid response vehicle mission alongside lyoplas, freeze-dried plasma, to help treat people suffering life-threatening bleeds.

1. O- red blood cells are prepared by the local pathology lab to each EAAA operating base, involving a lot of important checks and paperwork to ensure quality and traceability.
2. Once ready to go, the red blood cells are placed into temperature-controlled and insulated 'blood boxes' and picked up every night from the hospital by a blood bike volunteer.
3. The blood bike volunteer then delivers the packages straight into a secure fridge at the EAAA base, to keep the blood at the right temperature.
4. The blood boxes are then carefully loaded onto the helicopter and rapid response vehicles by the EAAA clinical crews the next morning, ready to be used on an emergency call-out.
5. The blood boxes can exist out of the fridge on the helicopter or RRV for 24 hours before they need to be replaced or returned to the lab on the next blood biker delivery.
6. Any blood that is not used within a 24-hour period then follows the same journey in reverse back to the lab, where it is checked and processed so that it can be used by a patient in the hospital instead.

Go to website to learn more about blood on board

<https://www.eaaa.org.uk/support-us/blood>

- **New Cambridge Hangar**

- The new helicopter hangar for the Anglia Two aircraft is next to the charity's operational base and will mean that the aircraft no longer needs to be towed across the airport at the start and end of each shift, a process which has been taking 15 minutes each way. This means the life-saving crews, which cover Cambridgeshire, Bedfordshire, Suffolk and Norfolk, will be online half an hour extra every day, providing an extra 180 hours of potential flying time every year as a result of building the hangar. Due to the future changes coming up at the airport, the hangar had to be movable and able to be dismantled and rebuilt in a different location in the future, if required. Designed by an Austrian company called Fabspace, the new hangar provides everything the charity needs while not being a permanent structure.

- **RAID – stands for Research, Audit, Innovation and Development**

- EAAA has long been interested in the benefits of clinical research to improve patient outcomes and has done a lot of service evaluation and analysis in recent years, which has led to clinicians publishing papers. When developing the EAAA 2020- 2025 strategy, research and development was an important theme.
- The RAID group was set up, with EAAA Dr Rob Major as Chair, to have a group of interested clinicians oversee this area, and make sure all research had value in improving the service. The group is made up of EAAA doctors and critical care paramedics, some of whom have senior academic qualifications and appointments, and Kate Lachowycz, EAAA's data analyst and subject matter expert. Rob and Kate work together to refine the research strategy and how it meets the charity's values. There are also guest members on the group for certain projects or reasons – such as the clinical director of neuro critical care at Addenbrooke's.
- The key areas of research are:
 - Out of hospital cardiac arrest (OHCA)- EAAA attend about 350 OHCA's a year. We're keen to investigate our data to identify things which could improve these patient's outcomes, and save more lives.

- Traumatic brain injury - we're currently looking at our data to identify how we could improve the care of patients with traumatic brain injury. This includes the care we provide at the roadside and also, in partnership with Essex and Herts Air Ambulance and the East of England Ambulance Service Trust, the recovery and aftercare of these patients.
- Blood - now we've finished the national RePhill blood trial we are undertaking some audit work to support EAAA in developing its own system of providing blood to injured patients.
- Aftercare - we're really lucky to have such a well-developed aftercare team. We know how important their work is and are keen to do qualitative research to prove how much this helps patients and their families following an incident we attended.

Slide 18: Picture of Helimed House (new base in Norwich) and the new hangar at Cambridge

- That we have been able to undertake this £7m project is a testament to the great support we have had over the whole 20 years of our history and the prudence of our trustees in financial management. It will allow all Norfolk-based staff to be accommodated under one roof (even when socially distanced!) and provide much better facilities for our operational crews, in terms of rest and sleeping accommodation as well as a state of the art immersive training suite.

Slide 19: 100% charity

- We receive no regular Government funding
- We rely solely on public donations and community fundraising
- In 2021/2022 we need to raise £15 million to keep our service flying.
- On average each lifesaving mission costs £3,500
- It is thanks the generosity of local people that we can keep our two helicopters in the skies
- How do we raise this money? How can you support?

Slide 20: Lottery/Raffles

- The EAAA lottery is an easy and sustainable way to support the charity and it brings in about 40-45% of our annual income
- Drawn weekly, it is just £1 for every 'chance'
- There are 18 prizes weekly with the top weekly prize being £1,000
- No need to check numbers, if you are a winner a cheque will be sent out to you first class after the numbers have been drawn on a Friday afternoon
- Automatically entered into the accumulator, which if not won will go up by £500 each week until £25,000 (the accumulator is always advertised on the website so may be good to have a

look before you deliver a talk)

- As of November 2020 we have introduced one-off plays, It is worth pointing out that they will be purchasing tickets for the draw that week, cut off is 9am on Friday for that day's draw.

You get to the option when clicking through to play online, you are shown this page:

<https://www.eaaa.org.uk/lottery/play-our-lottery>

- We employ canvassers through a company called Engage to help us sign up new participants.
- The EAAA lottery is not the same, or a part of, the national lottery

N.B. It is always a good idea to have lottery leaflets to hand out.

Slide 21: Match Bingo

Slide 22/23: Other ways to support us – Get Involved

- Our fundraising teams also attend many different events all year round, either organised by ourselves or at third-party events organised by supporters
- Encourage the audience to think about holding an event to fundraise for EAAA – a fundraising pack of ideas can be requested by our Supporter Engagement team or they may want to join in some of our diarised events

N.B The month of June will now be when EAAA run Get Up and Go Yellow campaign – may be something that a group can plan into their annual calendar

We will have a Trek 24 in Norfolk, Suffolk and Bedfordshire in 2022. A great challenge for people that love to walk and raise money for EAAA at the same time. Info on website

- Choose EAAA as your charity of the year – nominate us for any local initiatives and promote with friends, relatives
- We are kindly supported by individuals who sign up to give regularly to the charity through regular donations
- Our fundraising teams are kept busy throughout the year organising and attending street and store collections throughout the region – volunteer your time to help?
- We have hundreds of collection boxes in various pubs, shops and businesses in all 4 Counties which help to bring a regular income from people's spare change
- We can also benefit from the recycling of various items such as used toners and cartridges, stamps and crisp packets
- We have a campaign called Any Currency Any Age which is asking people for their obsolete and foreign coins and notes. It has been a huge success with over £75,000 raised since 2014. These boxes can be found in banks and various shops throughout the four regions
- Any donation, big or small, can really help to make a huge difference
- If everyone in East Anglia gave just £3 a year, we would reach our target to keep our crew in the air and saving lives!

Slide 24: Volunteer with EAAA

Slide 25: Gifts in Wills

- Fund one in four of our missions
- Free online wills available to our supporters

Slide 26: Stay in touch

- Promote social media platforms to follow the charity
- Lift off – sign up for hard copy or electronic copy by email

Slide 27: Questions from the audience

Slide 28: Thank you and contact information