

Comment Response Document: Policy framework for Heliport Certification and Safety Management Systems

CAP 3199A

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Executive summary

The UK Civil Aviation Authority (CAA) has been seeking views on proposed changes to the regulation and oversight of heliports. These changes aim to improve safety, align with international standards, and prepare for future developments in vertical flight, including Powered-Lift and Non-Conventional Helicopters.

The proposals respond to amendments to ICAO Annex 14 Volume II (Heliports), recommendations from the Air Accident Investigation Branch (AAIB), and broader safety and better regulation objectives from the CAA and Department for Transport (DfT). The changes focus on introducing Certification and Safety Management System (SMS) requirements for heliports, improving regulatory oversight, and harmonising requirements with aerodromes and future vertiports. Collectively, these policy proposals aim to deliver a coherent regulatory framework for existing helicopters and new types of aircraft that delivers safety for the public and passengers, while supporting growth and innovation of emerging sectors.

The consultation invited stakeholders to provide feedback on the scope, impact, and implementation of these proposals. The CAA sought responses to this consultation between 8th December 2025 and 27th of January 2026. Respondents came from across the industry, including HEMS, the NHS, licensed and unlicensed heliports, and VTOL stakeholders. We expect that further consultation may be required to gain feedback on further policy developments and proposed changes to technical legislative text. After these consultations have concluded, we will provide our final opinion and instructions to Department for Transport, who will consider whether to progress with our proposals in a statutory instrument.

The consultation demonstrates broad support for modernising the UK's heliport regulatory framework, with stakeholders welcoming a more coherent, risk based and proportionate approach that improves safety assurance while recognising the diversity of heliport and helicopter landing site operations. Across all sectors - air operators, infrastructure providers, private site owners and emergency services - respondents emphasised the importance of regulatory clarity, operational practicality, and proportionality to ensure the framework strengthens, rather than disrupts, the UK's existing helicopter ecosystem.

A consistent theme throughout the feedback is the need for clear definitions, unambiguous terminology, and objective criteria. Stakeholders expressed concern that unclear classification thresholds or overly broad regulatory triggers could lead to inconsistent interpretation, or disproportionate obligations - particularly for low-activity, unmanned, rural, community led or hospital helipads. Respondents stressed that helicopter operations depend heavily on flexibility, and any framework must avoid rigidity that could undermine safety, resilience or access to critical services.

The sector also highlighted strong concerns regarding the potential burden on NHS hospital helipads, many of which are not aviation operated and have limited technical resource or funding. Stakeholders emphasised that hospital landing areas are not commercial aerodromes and must not be inadvertently captured by requirements designed for more complex or high intensity facilities. We have considered the views of all types of small heliport operations as part of this rulemaking process as this rulemaking package covers all helicopter activities.

The CAA is the aviation safety regulator. Other organisations hold responsibility for the operation of national infrastructure heliports, including their funding. We are required to assess impact to private and national operations as part of our rulemaking process, including consequential impacts to businesses and operational viability.

Across the industry, there is support for a modernised, tiered regulatory structure, but it must be grounded firmly in risk and operational context rather than activity levels alone. Respondents consistently favoured a simplified, consolidated guidance document—digitally accessible, logically structured and differentiating clearly between mandatory requirements and best practice. Calls were also made for consistent national oversight, transparent processes, and improved competency frameworks, particularly for surveyors and technical assessors involved in approach design and site evaluation.

Throughout this document we have responded to individual question feedback alongside providing a summary of responses.

Feedback

To ensure that the development of heliport certification is informed by evidence and shaped by those it will ultimately impact, we invited stakeholders to provide structured feedback on the proposals set out within the document. Each respondent was asked to complete a set of ten targeted questions, designed to assess the clarity, feasibility, and effectiveness of the policy positions presented. In addition to selecting their response to each question, stakeholders were given the opportunity to expand on their views, offering detailed explanations, insights, and considerations that help illuminate the sector's priorities and concerns.

This section summarises the feedback received from each of the ten questions, highlighting key themes, areas of alignment, and points where further refinement may be required.

Question 1: Do you have any comments about our overall proposals and concepts regarding Heliport Regulation?

Feedback received through the consultation indicates that respondents either supported the proposed approach or did not provide substantive comments on the wider policy direction for heliport regulation.

There is a significant concern however that the proposed framework could lead to unintended consequences for the UK's network of small heliports and helicopter landing sites (HLS), particularly within the NHS (HHLS). Heliports, of which some are under financial pressure, may interpret new requirements conservatively and opt to restrict or remove aviation capability to avoid perceived compliance risk.

Respondents also raised the possibility of regulatory overreach or "licensing creep," particularly if definitions around complexity, risk, and site categorisation remain unclear. Without a clear distinction between heliports, HHLS, and ad hoc or low intensity operating sites, operators may be captured by regulations that were never intended for them.

Increased regulatory and financial burden could affect small heliports, private HLS owners, and rural or remote locations where aviation links play a vital role in connectivity, emergency response, tourism, and business aviation. Stakeholders are also concerned that the proposals do not sufficiently account for the reactive and dynamic nature of rotary operations, which require flexibility rather than rigid classification systems.

Finally, there is uncertainty about whether the Civil Aviation Authority has the capacity and resources to implement the new regulatory regime effectively. Insufficient resourcing could

result in delays, bottlenecks, and operational challenges for applicants, compounding the issues above.

Overall, the current proposals are perceived as classification driven rather than genuinely risk based, raising observations that the framework may introduce disproportionate burdens and risk affecting critical national infrastructure rather than enhancing safety.

What will we do next?

We welcome the general support for our approach, and we are particularly cognisant of smaller heliport operations. We intend to support these organisations by recommending clear policy positions to the Department for Transport and suggested regulatory language if appropriate that is will be accessible, proportionate and clear to all stakeholders, regardless of the scale of the heliport.

We will consult further to fully confirm our definitions and thresholds for terms such as complexity and risk including a package of further industry engagement. With clear policy recommendations and material we intend to avoid risks of “licensing creep” and to ensure equitable application of the new regulation including supporting AMC and GM. Clear distinctions between the future types of heliport will be consulted on to ensure that inadvertent overreach is avoided. We welcome all feedback on proposals to help us understand the industry and impact of future changes.

The CAA has been undertaking a business review of what requirement is forecasted for resource in future, in order to have this resource in place for when the new regulation is in force. We also intend to ensure that the application process is digitalised to minimise bottlenecks and delays caused by waiting for CAA resource.

We are engaged with cross-Government departments who hold responsibility for critical national infrastructure and the provision of lifeline services. As the aviation safety regulator, the CAA does not have a direct responsibility for such provisions and will continue to advise Government bodies, that do hold such responsibilities, about incoming regulatory changes to further aviation safety.

Question 2: Do you have any comments about our proposals regarding the Certification Basis?

Industry stakeholders strongly support a clearer, proportionate, and risk based regulatory framework for heliport certification. While the proposed tiered structure is welcomed, the current proposals require greater clarity, defined terminology, and safeguards to ensure

consistent and fair application across all heliport types, from major urban rooftop sites to low activity hospital and rural pads.

Clear, objective definitions are essential. Key terms such as *significant daily movement*, *congested area*, *organised/open air assembly*, and criteria for assessing *complexity* or *risk* must be unambiguous to prevent subjective interpretation by inspectors. This is particularly important for emergency services, where misclassification is more likely to occur. Certification triggers must not rely solely on movement numbers, which do not reflect operational context or safety impact.

Support for a proportionate tiered system is strong, provided it recognises the wide variation in heliport activity levels. High intensity or urban heliports merit mandatory certification, while unmanned, low activity, or occasional use sites must clearly sit in the lowest tier with minimal compliance burdens.

Hospitals and NHS operators require detailed clarity. Further guidance is needed on tier classification for rooftop vs ground level pads, the meaning of self certification for NHS Boards; any new requirements must be supported through training, templates, or commissioned services.

Regulatory alignment and scope must be confirmed. Operators seek reassurance that certificated heliports will not be captured by aerodrome regulations such as CAP 168 or EU 139/2014, which are considered inappropriate for heliports. Further detail is required on whether existing aerodrome Certification Bases can be adapted, who will issue heliport certificates, and whether amendments to the Air Navigation Order or Basic Regulation will affect ad-hoc landing sites.

Safety, standardisation, and good governance remain priorities. Stakeholders support updates to CS-HPT-DSN, clearer categorisation rules, and mechanisms to ensure sites are reclassified consistently as surrounding environments evolve.

Overall, the sector is aligned in favour of a modernised, tiered certification approach, provided it is risk based, operationally realistic, and supported by clear definitions, strong guidance, and protection against subjective or inconsistent enforcement.

What will we do next?

We welcome the support for the general principles, we will work with industry including consulting on refining the details. Many terms such as congested and organised air assembly are existing definitions which we will review to ensure that the definitions suit the future requirements. We are committed to a matrix based system, where singular factors such as movement numbers do not by themselves trigger certification burden.

While the exact format is yet to be determined, the use of CAP168 and CS-HPT-DN may continue, however with significant re-writing given that heliports are a function of

aerodromes in the regulatory context. We feel that the concerns explained to us would be addressed through this work, even if the home for regulatory information does not change. All heliport matters will remain with the Aerodromes team, but we remain committed to having a strong Flight Operations support and oversight structure for ad-hoc type helicopter operations especially in the charter and utility sectors.

Question 3: Do you have any comments on the duration of the proposed implementation periods?

Stakeholders have highlighted that the proposed implementation timescales are likely to be challenging, particularly for publicly funded organisations. Many organisations appear to have misunderstood when the mandate will take effect, with some stating they already committed to their 2026/27 financial plans before clarity on requirements or funding was provided. A clear, phased implementation process is therefore essential.

For declared heliports, a longer period is considered necessary to undertake gap analyses, complete risk assessments, and implement Safety Management Systems. Sites without dedicated aviation expertise, including hospitals with infrequent flight activity, have stressed the need for flexibility to ensure proportionality and avoid placing unsustainable burdens on operations.

There is also a recognised risk that hospitals could consider downgrading or withdrawing helicopter services if the requirements are perceived as onerous or unfunded. Continued, targeted communication and early publication of definitions, thresholds, and supporting guidance will be key to mitigating this risk. Stakeholders have asked whether the NHS has been specifically engaged regarding cost implications and pathways for funding, particularly given competing statutory duties.

Across the sector, there is a strong call for a detailed breakdown of the implementation timeline, including clarity on how the proposed 2026 self declaration aligns with the yet to commence scheme of charges consultation. While many respondents support a phased approach, the consensus is that an implementation period of no less than two years is required—with some organisations, particularly within the NHS, indicating that even this may need to be extended to allow for robust financial planning.

Overall, while a two year period may be achievable in principle, stakeholders emphasise that meaningful comment depends on further detail on the scope of proposed changes, threshold criteria, and applicability across different types of sites.

What will we do next?

To ensure clarity of our proposal, we proposed a two year implementation period for the mandatory requirements to come into force following the relevant regulation being made in Parliament. This does not mean implementation within two years of the date of this publication. As we are unable to assure the date at which the Statutory Instrument (SI) will be made in Parliament we cannot provide a fixed timeline. In order to mitigate effect to industry we continue to propose that the two year implementation commences after the SI is made.

We are currently investigating the process of how the Declared Heliport system can be introduced prior to the full package being completed, this includes how funding can be derived and appropriate support delivered. This scheme would be voluntary and not enforced by the CAA until the date the SI is made plus the implementation period.

A full scope of change will be provided prior to the SI, and where possible guidance material published in advance of the regulation publication.

Question 4: Do you have any comments about our rationale to condense heliport guidance into a singular document where possible?

Respondents broadly support consolidating heliport guidance into a single, electronically accessible document, noting that this would reduce bureaucracy, improve clarity, and provide a definitive point of reference. They emphasise the need for clear structure that distinguishes between different types of heliports, particularly simple, unmanned hospital pads versus major licensed sites, and that mandatory requirements must be clearly separated from guidance. Several comments stress the importance of plain language to support NHS Trusts and Boards, and request that the document be “smart” in design, allowing users to select their operational category and see only relevant sections, templates, and checklists.

While consolidation is welcomed, stakeholders caution against introducing complexity through alignment with fixed wing regulations and stress the need to preserve standalone material such as CAP 3043, especially for low risk environments. There is also support for incorporating CAP 1264 and for maintaining clarity around regulatory status, including how self declaration requirements apply to already certificated aerodromes.

Overall, the proposal is seen as a positive, sensible approach that will deliver improved usability and consistency if executed carefully.

What will we do next?

We are assessing the future format of our publications so that it is clear what requirements are expected for all types of heliport scaling alongside a comprehensive set of guidance with tailored acceptable means of compliance where possible. Specifics for heliports such as hospitals will be clearly delineated either within the same document or a different document (e.g.: CAP1264).

We will assess once the regulatory structure has been defined if we can make this into a “smart” document system. This will not initially encompass documents under the Flight Operations regulation set, such as CAP 3043.

Question 5: Do you have any comments about our methodology and how we propose to achieve a heliport certification system?

Stakeholders broadly support the intent of the proposed heliport framework but emphasise the need for clearer processes, proportionate regulation, and strong coordination with the NHS and Department of Health to avoid unintended impacts on national helicopter infrastructure. While the voluntary approach for NHS sites is welcomed, Trusts require significant additional guidance, examples, and potentially training to understand their responsibilities, particularly as many are not aviation operators. Concerns were also raised that new requirements may incentivise some hospitals to downgrade or close helipad facilities, reducing overall NHS resilience unless adequate support and funding are provided.

Across the sector, stakeholders stress that the framework must be transparent, risk based, and free from regulatory creep. Oversight should be defined by actual safety risk rather than subjective complexity assessments. Requirements such as airspace change processes, aerodrome surveys for PinS approaches, or additional SMS burdens may deter operators from maintaining or developing heliports. Clarity is needed on the application process, costs, and how current licensed sites would transition to certification.

There is strong preference for a single authoritative document, clear thresholds for declared versus certificated sites, and assurance that unlicensed and HOS operations can continue without disproportionate burden. Stakeholders also highlight that the number of sites may be greater than anticipated, making realistic resourcing essential for implementation. Overall, stakeholders support the CAA’s stated aim of a less onerous regulatory regime but believe further detail, engagement, and cross government support are required to ensure the framework is effective, proportionate, and maintains the UK’s critical heliport and HEMS capability.

What will we do next?

We will propose our risk assessment metric through future consultation to ensure transparency and to ensure that the methodology is appropriate for all types of heliports. Other regulatory functions such as airspace change are not subject to this rulemaking package but we will work with the relevant teams to ensure alignment to our proportionality principles for these currently onerous processes.

As with other responses we seek to clarify details with further engagement.

Question 6: Do you agree with the Declared Heliport concept and process found in Appendix A?

Stakeholders broadly support the introduction of a Declared Heliport model as a proportionate and flexible mechanism for demonstrating safe operations without imposing unnecessary infrastructure, staffing, or financial burdens, particularly on NHS organisations, charities, community sites, and private operators. However, clarity is required regarding roles and responsibilities across Health Boards, third party operators, and the Civil Aviation Authority (CAA), including ownership of training standards, unique designator requirements, and ongoing management of the national heliport directory.

Stakeholders also emphasise the need for stronger safeguarding and protection of heliport airspace, with clearer expectations for planning authorities and measures such as Flight Restriction Zones to mitigate drone-related risks.

The declared status should be positioned as the preferred and low friction option, avoiding additional charges or regulatory complexity that could inhibit innovation, disadvantage budget constrained operators, or render older helipads noncompliant.

Overall, stakeholders endorse the principles outlined, support inclusion in the AIP where appropriate, and ask that the declared heliport framework remain simple, digitally accessible, and optional for private sites rather than becoming a de facto requirement.

What will we do next?

We welcome the feedback on declared heliports and will work to further consult on the details.

Airspace provision is not explicitly part of this phase of the rulemaking package. We welcome heliports' applications for airspace provision under the existing regimes and

further information will be published for any future changes to airspace provision for heliports such as dimensions or complex shapes.

Question 7: Do you have any comments about our approach to other heliport regulation issues?

Respondents highlighted a need for greater clarity around the timescales, structure, and potential impacts of the proposed regulatory changes. Many noted that significant unknowns remain, and clearer guidance will be essential for effective long term planning.

Several submissions emphasised that NHS partners, who often have limited familiarity with aviation regulations and technical requirements, will require more explicit support. Without this, they may continue to rely on air operators or informal networks for specialist advice.

A recurring theme was the need for a recognised competency framework for landing site surveyors. Respondents expressed concern that, without such a framework, landing site owners may struggle to identify suitably qualified experts—particularly for work involving approach and departure design, and for sites in hostile or congested environments. Establishing a formal framework would also support fair procurement processes for both hospital associated sites and community requested locations.

Feedback expressed support for the continued development of the DAAD framework and interest in contributing to the consolidated document. However, respondents raised concerns that changes arising from the AVSEC review could introduce disproportionate security requirements, potentially increasing operational burdens. Clarification was also requested on whether RFFS guidance for heliports will remain under CAP 168 and CAP 699, or be fully incorporated into the new regulatory framework.

Some respondents cautioned against overly prescriptive approaches in areas such as those identified in Chapter 7. They stressed that decisions should remain risk based to avoid unnecessary costs and ensure continued public access to essential services.

Further concerns were raised regarding ground handling arrangements. Respondents emphasised that rotorcraft ground handling should remain consistent with current self handling practices. The removal of DAADs was viewed as potentially shifting oversight into a more rigid regulatory environment, where inspectors lacking helicopter specific expertise may apply regulations inappropriately.

Finally, respondents noted that requirements relating to downwash, lighting, obstacle criteria and SMS expectations must remain proportionate, particularly for smaller sites that do not require the procedures or staffing levels associated with major heliports.

What will we do next?

We are in the process of reviewing our support to industry once the new regulation is made in Parliament. This review includes internal CAA resource (permanent or fixed term) to support applications and ongoing inspectorate resource for lifecycle support. We will also be updating the CAA website and intend to have an email mailbox for access to CAA SME resource for those with limited familiarity of aviation regulation.

RFFS guidance will continue to be tiered where general principles are held in CAP 699, with certification requirements in the appropriate heliport certification specifications for the individual types of heliport (aerodrome, ground, raised, elevated).

The CAA is going to investigate guidance material for “surveyors” and whether more support can be provided to aid helicopter AOC holders. We do not intend to directly certify or otherwise accredit surveyors, which will remain the responsibility of the AOC holder.

The removal of DAADs is an administrative action for existing licensed aerodromes, due to an existing expiry of DAAD applicability. There is not an intention for the future heliport certification system to be prescriptive in nature which is based on the use of a certification basis model. Heliport (Aerodrome) inspectors will have additional training on helicopter operations, performance and heliport design in order to be able to apply the new system proportionately.

A Safety Management System should be proportionately scaled to the risks of any particular heliport, which may not be correlated with the physical size or traffic density of the heliport. It will remain the SMS function to reduce foreseeable risks to an appropriate level such as that of helicopter downwash (already a Health & Safety requirement).

Question 8: Do you have any comments about Heliport Scheme of Charges ahead of the Schemes of Charges Consultation?

Respondents felt that the level and frequency of charging must remain proportionate, predictable, and aligned to the actual regulatory effort, recognising the limited financial resilience of many heliports. Given the typically low traffic volumes at most heliports, a full aerodrome-style cost model is neither viable nor appropriate, and there must be no cross subsidy between sectors; users should only pay for the oversight genuinely required.

A declaration process should therefore carry little or no cost, and existing fees paid by licensed aerodromes should cover the minimal additional oversight envisaged.

Overall, the CAA should not regard this proposal as a revenue generating scheme. Clear national policy ownership and sustainable funding are essential, and the charging

framework must distinguish between private, low intensity sites, which should attract minimal or zero fees, and commercial or high utilisation public sites that can appropriately bear higher oversight-related costs. Continuous review of the charging approach will be required to ensure fairness and sector viability.

What will we do next?

Once a defined parameter of the level of oversight has been generated through further consultation we will submit our proposal to the CAA team responsible for Scheme of Charges who will perform a cost proposal and submit into the 2027/2028 Scheme of Charges consultation ready for publication in the CAA Scheme of Charges.

Question 9: Do you have any other comments, or observations you would like to make about the future of heliport regulation?

The consultation responses highlight a strong and consistent call for the CAA to provide clear, precise definitions of core concepts such as “sufficient complexity”, “proportionate ruleset”, “less complex”, and “best practice”, alongside explicit identification of the regulations that apply to different site types. Stakeholders emphasise the need for unambiguous distinctions between heliports, HHLS and secondary HHLS, and for clarity over which organisations hold responsibility for certification, particularly in regional healthcare, where health boards do not manage air ambulance operations and many landing sites are not NHS owned or staffed.

Respondents stress that the new regulatory framework must be risk based, performance based, and proportionate, avoiding unnecessary burdens that could lead to hospital or community site closures, increased operator workload, and negative impacts on clinical services, continuity planning, and emergency response. There is widespread concern about the absence of a recognised competence or certification framework for landing site surveyors, leading to uncertainty for operators and NHS bodies.

While stakeholders support the principle of a single, unified guidance document and improved safety oversight, they warn that innovation must not be stifled and that inspector and auditor approaches must be standardised and consistent. Respondents also call for clarity on airspace and ATS requirements for each tier, with planning for future integrated operations including crewed, uncrewed, UTM and digital airspace management.

Engagement and transparency are viewed as critical, with industry seeking meaningful involvement before the final draft is issued, alignment of all related CAA documents, and

reassurance that consultation feedback will genuinely influence the outcome. Additional recommendations include the CAA maintaining a UK wide helipad directory and taking proactive steps during the 2026 engagement period to ensure hospitals understand their site classifications.

Overall, while there is broad support for improved safety and coherent guidance, stakeholders caution that regulation must remain practical, scalable and mindful that hospital helipads exist to support urgent clinical care, not operate as aviation businesses.

What will we do next?

Through a package of industry engagement, we intend to propose definitions and thresholds to be consulted on in a future public consultation. We also intend to provide clarity on additional non-core requirements such as airspace and air traffic services, although these may be on a longer timescale due to the amount of interdependencies.

We do not anticipate proposing any changes to the existing helicopter operations regulatory structure, where there are two possibilities heliport (aerodrome regulation) or operating site (flight operations regulation). We do not anticipate heliport sub-sets such as hospitals to have separate regulatory requirements, only tailored acceptable means of compliance (AMC) and guidance material (GM) as today to allow for additional flexibility in complex design and operational environments.

Hospitals specifically have been addressed by Appendix J in CAP 1264 further defining the roles of primary and secondary HHLS.

Question 10: Do you have any comments about the publication of this definition of Hospital Helicopter Landing Sites?

Stakeholders across NHS, air operators, aerodrome operators and associated organisations have raised concerns regarding the clarity, suitability and practicality of current definitions and responsibilities relating to Hospital Helicopter Landing Sites (HHLS) within emerging guidance (including CAP 3199), particularly in a Scottish context.

A key issue raised is that Health Boards must not be assigned responsibility for HHLS located on sites they do not own, control or influence. Current terminology, such as “Primary” and “Secondary” HHLS, risks creating confusion, particularly where different operators (e.g., HEMS, Air Ambulance, SAR) designate the same locations differently for

operational reasons. The existing definitions do not sufficiently distinguish between NHS owned HHLS and non NHS HLS.

Clarification is needed regarding Secondary HHLS, particularly those located on third party sites such as aerodromes, school playing fields or greenfield ad-hoc locations. Imposing primary level safety, management or compliance obligations on these non NHS sites would be impractical, potentially leading to the loss of many secondary landing options and reducing service availability for patients and operators nationally.

Stakeholders agree that flight safety for aircraft, crews, site operators and bystanders must take precedence over clinical urgency, with the helicopter operator (AOC holder) retaining final authority over site use. Definitions must also make clear that the helicopter operator is responsible for approving the site for operational use, while heliport or HHLS operators retain responsibility for the parts of safety they directly control.

There is broad support for clear, concise definitions that avoid unintended application to unrelated private sites, and for CAP 3199 to reference CAP 1264 for safety standards. Operators suggest exploring a standardised survey framework that could allow heliports/HHLS to publish data enabling AOC holders to assess sites without conducting independent surveys.

Overall, there is strong consensus that clearer definitions, well delineated responsibilities, and proportionate, scalable safety expectations are essential to maintain safe, practical and sustainable helicopter access to hospitals and communities.

What will we do next?

The CAA has published an amended version of the consulted position as Appendix J of CAP1264 Standards for Hospital Helicopter Landing Areas.

Next Steps

We intend to commence a period of engagement, with a combination of targeted questions, calls for information, working groups and likely a future public consultation. Once this work has been completed, we will propose our policy recommendations to the Department for Transport for a potential statutory instrument.

We expect that the implementation of this policy proposal will be phased starting with the technical drafting of all of our future supporting documents. This will detail the mechanisms, structures and rules for future certification and SMS. We will consult on this work prior to publication.

We will seek to publish our certification protocols in advance of legislative change to allow for voluntary applicants to all of our heliport certification schemes. We will request that an implementation period is provided for existing heliport operations to allow for businesses to plan for the new regulatory system.

ANNEX A

Summary of Questions

Question 1: *Do you have any comments on our overall proposals and concepts regarding Heliport Regulation? Please explain your answer.*

Question 2: *Do you have any comments about our proposals regarding the Certification Basis? Please explain your answer.*

Question 3: *Do you have any comments on the duration of the proposed implementation periods? Please explain your answer.*

Question 4: *Do you have any comments about our rationale to condense heliport guidance into a singular document where possible?*

Question 5: *Do you have any comments about our methodology and how we propose to achieve a heliport certification system?*

Question 6: *Do you agree with the Declared Heliport concept and process found in Appendix A?*

Question 7: *Do you have any comments about our approach to other heliport regulation issues? Please explain your answer*

Question 8: *Do you have any comments about Heliport Scheme of Charges ahead of the Scheme of Charges Consultation?*

Question 9: *Do you have any other comments, or observations you would like to make about the future of heliport regulation?*

Question 10: *Do you have any comments about the publication of this definition of Hospital Helicopter Landing Sites?*

ANNEX B

Definitions

All definitions exist in either current ICAO or CAA documentation. We do not propose any definition changes for the purpose of this consultation:

- **Heliport:** ICAO Annex 14 Volume II defines as “an aerodrome or a defined area on a structure intended to be used wholly or in part for the arrival, departure and surface movement of helicopters.”
- **Vertiport:** Currently defined by the CAA as “an aerodrome or a defined area on a structure intended to be used wholly or in part for the arrival, departure and surface movement of Powered-Lift aircraft.”
- **Helicopter Operating Site (HOS):** A location used for helicopter take-off and landing outside licensed aerodromes. Such sites must meet CAA requirements on suitability, safety, permissions, and operating procedures, particularly when located in congested areas or used for commercial operations.
- **Certification:** A formal process by which a heliport is assessed and approved to meet regulatory standards, including infrastructure, safety procedures, and operational oversight.
- **Statutory Instrument (SI):** A form of delegated legislation that allows the UK government to create detailed rules under powers granted by an Act of Parliament.
- **Safety Management System (SMS):** ICAO Annex 19 defines as “A systematic approach to managing safety, including organisational structures, accountabilities, policies, and procedures.
- **Helicopter:** A heavier-than-air aircraft supported in flight chiefly by the reactions of the air on one or more power-driven rotors on substantially vertical axes.
- **Acceptable Means of Compliance (AMC):** Acceptable Means of Compliance are CAA-published methods that standardise how organisations can demonstrate compliance with aviation regulations.
- **Guidance Material (GM):** Guidance Material is non binding explanatory text published by the UK CAA to help industry interpret regulations and the associated Acceptable Means of Compliance (AMC). It supports understanding but does not create additional requirements and must be read alongside the regulation itself.