



OUR REF:INQ/C/GM/13/288

YOUR REF:JK/KA/02665-2012

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Joanne Kearsley
Area Coroner
Coroner's Manchester South
Mount Tabor
Mottram Street
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18 October 2013

Dear Area Coroner Kearsley,

**INQUEST INTO DEATH OF MARTIN BARKER
DATE OF RESUMED HEARING: 05 SEPTEMBER 2013**

I write further to your letter of 9 September 2013, enclosing a Regulation 28 Report. Please accept this as our response in accordance with Regulation 29(4).

I note you raise the following concerns regarding these matters:-

1. There appears to be no national guidance on how independent national providers of medical services (particularly those covering large scale public events) can put NHS hospitals on standby for incoming urgent patients, something which is normal procedure for the regional ambulance services.
2. There is confusion as to whether the independent providers should place a call to the regional ambulance services who would then act as "gatekeeper" in forwarding this information to the respective hospital.
3. Without clear guidance there is a risk that the most critically ill people who are being transported to hospital are at risk as the hospitals have received no pre-alert, have not had the opportunity to place teams on standby and are not expecting their arrival.
4. In certain hospitals at particular times i.e. overnight this problem is exacerbated by the fact that the resus reception is not manned constantly and this may cause delays in ambulance crew gaining access especially if the entrance has a coded key pad which they also do not have access to.

Whilst the North West Ambulance Service (NWAS) accepts that that the Regulation 28 Report was appropriately issued, given the matters raised in evidence at the inquest, we make the following comments, with reference to the concerns outlined above.

Firstly, it is important to note the difference between organised events, such as Manchester Pride, where NWAS has overall responsibility for the co-ordination of emergency ambulance response, and the day to day operation of ambulance services, both NHS and private. In the case of



organised events, arrangements will be agreed locally as part of the planning of the event, as, clearly, each event is different and involves different parties.

We believe that the agreement between Manchester Medical Services (MMS) and NWAS, made specifically in relation to the Manchester Pride 2011 event, which was that priority calls should be directed through the NWAS control room, who would then put the relevant NHS hospital on standby, if necessary, has spilled over into the day to day running of services, resulting in MMS being unable to directly place NHS Hospitals on standby. Where such agreements are in place, or where private ambulance services are operating in close operation with NWAS, we would expect standby calls to be routed through NWAS.

In relation to the day to day operation of private ambulance services, it is our position that NWAS should not, and cannot be, the "gatekeeper" for NHS hospital standby numbers. These numbers are owned by the hospitals and it is a matter between them and MMS, or any other private ambulance service providers, as to whether or not the number is shared. We submit that guidance from the Department of Health may assist in relation to these matters.

If you require any further information please do not hesitate to contact me.

Yours sincerely



Head of Legal Services