Department of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 3000
Mb-sofs@dh.gsi.gov.uk

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Mr A Walker
Senior Coroner
North London Coroner's Court
29 Wood Street
Barnet
EN5 4BE

11 FEB 2014

Dear Mr. Walker,

Thank you for your letter following the inquest into the death of Wayne Broad. In your report you conclude that the medical cause of death was hypoxic brain injury, cardiorespiratory arrest, seizure associated with alcohol withdrawal and chronic alcoholism.

Mr Broad had a history of heavy alcohol abuse. While under the influence of alcohol, he had been arrested and taken to Hatfield police station to appear the next day at Hatfield Remand Court. At the police station, the custody sergeant recognised the need for him to have medical attention. A nurse took telephone advice from a doctor and medication was prescribed.

Next morning, when due to appear in court, he became unwell and was escorted by SERCO officers in an ambulance to hospital. He was seen at hospital and then returned to the police station but became unwell again and was then taken by ambulance to Barnet hospital where he was admitted.

Later that evening on the ward, he suffered delirium tremens and assaulted a member of staff. He was arrested and remained in hospital under police guard.

He became more unwell and collapsed. Despite resuscitation he suffered hypoxic injury and died on the 30 November 2011.

You raise the following matters of concern:

- *There was no dedicated substance misuse team to look after Mr Broad when in police custody which there would have been had he been detained in prison*

- *Police are required to make risk assessments and have protocols for dealing with the handcuffing of seriously ill detainees. SERCO policy should align with ACPO guidance on the use of handcuffs*
- *Specially trained nursing staff should be available at hospitals for dealing with patients with substance misuse.*

Your second point concerning police risk assessments and the use of handcuffs is not a matter for the Department of Health. I note that you have sent a copy of your report to both SERCO and ACPO.

Your first point concerns the lack of a dedicated substance misuse team for persons in police custody.

At present, forensic physicians (sometimes known as forensic medical examiners) are contracted by police authorities on an individual basis or through appointed agencies to provide medical care in police custody suites.

The responsibility for healthcare in police custody suites will however soon transfer from individual police authorities to NHS England. Healthcare for persons in police custody will therefore be commissioned to NHS standards of care. This should lead to more consistent and improved healthcare standards, by ensuring that the same range and quality of substance misuse services are available to persons in police custody as would be available in prison or community settings. An individual requiring a clinical intervention for substance misuse will receive one.

You suggest in your third point that specially trained nursing staff should be available in hospitals for dealing with patients with substance misuse. I do not however consider that such specialist nurses should routinely be available in all hospitals.

All registered nurses (RNs) should have skills to deal with patients presenting with symptoms of alcohol abuse. In addition, the care and management of people with alcoholic withdrawal symptoms requires a multi-disciplinary team which includes both medical and nursing staff.

However, the provision of specialist substance misuse nurses is a matter for local commissioners to determine based on an assessment of local needs. There may be some hospitals where the resources required to make this facility available would be justified but, where there are very few presentations from patients with substance misuse problems, providing such a service might not be the most effective use of available resources.

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In this case the patient was admitted with a life threatening condition needing emergency intervention. The effect of long term alcohol abuse and associated complications led to the need for emergency resuscitation. The role of a specialist substance misuse nurse would in contrast involve making an assessment of the patient and determining the best options in terms of referral or appropriate care pathway. In this case I do not feel that the presence of a specialist substance misuse nurse would have led to a different outcome for Mr Broad.

There should be well established arrangements locally for ensuring that patients with substance misuse problems are referred to the right specialist services whether they present at a GP surgery, hospital or police custody suite. There currently exists a care pathway for treating such patients within a hospital setting which has been produced by the National Institute of Care Excellence (NICE). The care pathway is for alcohol use disorders and can be seen on the NICE website at the following address:

http://pathways.nice.org.uk/pathways/alcohol-use-disorders

Within this pathway is guidance for dealing with patients admitted to hospital with acute alcohol withdrawal.

Essentially, any patient suffering from acute alcohol withdrawal will require emergency clinical intervention and I would expect that this is made routinely available in hospital settings. Where this treatment has not been provided in individual cases it would be a matter for the local hospital and commissioner to investigate jointly.

I hope that this response is helpful and I am grateful to you for bringing the circumstances of Mr Broad's death to my attention.

Yours sincerely

Jeremy Hunt

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