



Department  
of Health

From the Rt Hon the Earl Howe P.C.  
Parliamentary Under Secretary of State for Quality (Lords)

09 SEP 2014

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Ms M J Leeming  
Senior Coroner  
HM Coroner's Court  
Paderborn House  
Howell Croft North  
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*Dear Ms. Leeming,*

Thank you for your further letter of 28 May 2014 and the responses you enclosed from the North West Ambulance Service (NWAS) and Sir Peter Fahy of Greater Manchester Police. Your letter follows our response of 12 May 2014 to your Regulation 28 report concerning the death of Caroline Pilkington.

You acknowledge that NWAS staff are trained to provide minimal restraint in cases where patients lack capacity and there is no perceived risk of harm to them or the patient, but are not trained or expected to restrain patients who are acting in a threatening or violent manner.

However, you raise the following concerns:

- that the deceased, Caroline Pilkington, was not acting in either a threatening or violent manner and infer that this was a case that could have been handled with the application of minimal restraint, without the need of Police involvement.
- that there is a training need for ambulance staff to correctly identify those cases that can be dealt with by minimal restraint and those which need Police involvement because health staff are assaulted or threatened with violence.
- that a failure to distinguish between patients behaving in a manner due to their illness and those who are being threatening or violent could delay the removal of a physically unwell patient to hospital, potentially leading to future deaths.
- That the increasing demand for Police involvement in situations such as in Miss Pilkington's case potentially endangers the public by removing Police Officers from their core duties.

You ask us therefore to consider:

- Whether ambulance personnel should receive further training in making the distinction described.

Firstly, it needs to be understood that the training of ambulance staff in control and restraint techniques is not a matter for which the Department of Health (DH) is responsible. Ambulance staff, for example emergency care assistants, emergency care practitioners and paramedics, are health professionals and are trained as such. The actual training that ambulance staff require and receive in control and restraint is a matter for the NHS Trust concerned, and not DH.

We have however consulted NWAS and the Association of Ambulance Chief Executives (AACE) about the further issues you raise.

NWAS has confirmed that a regional protocol is in place that all police forces it works with, including Greater Manchester Police, have agreed to. This protocol is under review. However, at the most recent North West Police Regional Mental Health Forum, NWAS presented and discussed the findings from your inquest concerning the death of Caroline Pilkington. None of the police forces believed there was a need to change the current policy or reduce the involvement of the police in managing those patients who required more than minimal restraint.

NWAS confirm that ambulance staff should only request assistance from the police for patients who elicit a "pathfinder red" outcome (i.e. those patients who require transfer to an Emergency Department). This in itself reduces the number of requests for police assistance.

As the need for ambulance personnel to use restraint techniques is comparatively rare, NWAS believes that the need to train all ambulance staff in more advanced or specialised restraint techniques is not demonstrated. Even if all staff were to be trained, it would be difficult to maintain their skills sufficiently (because of the low incidence of use) to safely restrain these types of patients when the skills were called for. The risk is that poorly or inappropriately applied restraint techniques could cause harm to the patient or to staff.



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In addition, AACE have confirmed that it, as a national organisation, fully supports the NWS position. AACE does not feel that the issues you raise represent a general problem and considers that ambulance staff are sufficiently trained in restraint techniques to deal with almost all ill or injured patients and those resisting help. Ambulance staff are trained to seek assistance from police only when and where they believe it appropriate and are best placed to make the decision on a case by case basis as to when police intervention is required.

I hope that this further response is helpful.

*Yours sincerely,*

**EARL HOWE**

