



OUR REF: INQ/C/GM/137187

YOUR REF:

DIRECT TEL:

Mrs Jennifer Leeming
Senior Coroner
Coroner's Office
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RECEIVED
12 MAY 2014

Headquarters
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399 Chorley New Road
Heaton, Bolton
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www.nwas.nhs.uk

05 May 2014

Dear Mrs Leeming

CAROLINE PILKINGTON (DECEASED)

We write further to your letter of 25 March 2014, enclosing a Regulation 28 Report to Prevent Future Deaths in relation to the inquest examining the death of Caroline Pilkington. Please accept this as our response in accordance with Regulation 29(4).

We note that you raise concerns regarding the fact that North West Ambulance Service (Nwas) personnel are not trained in control and restraint techniques and call upon the police service to assist them in dealing with patients who are unwell, but require control or restraint.

Nwas are acutely aware of the importance of delivering safe patient care and are constantly striving to improve our procedures. In March 2012 a joint protocol was developed, following consultation between the North West Region Police Forces and Nwas, which provides a framework to support inter-agency working and the appropriate use of resources to deliver the best possible care for patients who lack capacity. The aim of this protocol is to ensure patients who lack capacity and are refusing advice or treatment, receive care that is in their best interests using the least restrictive means necessary.

The protocol takes into account the Mental Capacity Act 2005 (MCA), Code of Practice 2007 and the National Policing Improvement Agency (NPIA) Briefing Note on Applying the Mental Capacity Act 2010. All 5 police forces in the North West have formally agreed to the protocol.

Protocol for ambulance service requesting police assistance

In accordance with the protocol, ambulance staff may request police assistance for patients who lack capacity under the following circumstances:

1. Patients in need of emergency treatment who require restraint due to their threatening or violent behaviour;

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Chairman:

Chief Executive: Mr B Williams



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2. Patients refusing emergency treatment and/or transport in their best interests, where it has been identified that minimal restraint will be neither effective nor safe to be undertaken by ambulance staff;
3. Patients who are at risk of causing further harm to themselves or others;
4. Where there are other significant risk factors identified at the scene of the incident that prevent the patient from receiving treatment or transport to hospital that is in their best interests.

The police will respond to the incident as an emergency and the ambulance staff and police officer(s) will then work together and agree a plan on how to manage the patient in the safest, timeliest and least restrictive means possible.

Ambulance staff will have responsibility for all decisions relating to the clinical treatment of the patient and will agree with police the appropriate level and type of restraint to be used, taking into account the patient's condition/injuries and assessment or treatment required.

Use of restraint by ambulance service staff

Ambulance staff are legally authorised and obliged under the MCA to act in the best interests of, and provide treatment for, patients who are lacking capacity, even where the patients refuse treatment or are abusive, threatening or violent.

The MCA also supports the use of reasonable force to ensure that patients lacking capacity receive care that is in their best interests or are protected from further harm. However, ambulance staff are neither trained nor expected to restrain patients who are acting in a threatening or violent manner. Ambulance 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.

NWAS believes that ambulance staff should focus on the treatment of the presenting condition of their patients. Advanced control and restraint is an extremely specialised skill, which, due to the risks involved, requires extensive training and regular practice. It would not be feasible for our staff to be trained in such techniques since situations where control and restraint is required arise very rarely. Consequently, ambulance staff would not be able to maintain the skills at the necessary level to ensure appropriate patient care. We believe this has the potential to compromise, rather than improve, the safety of patients.

NWAS recognises the importance of multi-agency work in the care of patients. Both the police and ambulance service employ highly skilled, well trained and specialised staff who each have a vital role to play in the care and safety of the public. We believe that working together is the best way to achieve consistency and guarantee safety for patients.

We hope that the content of this letter has satisfactorily addressed your concerns. If you require any further information please do not hesitate to contact us. Alternatively, [REDACTED] Head of Clinical Governance, has offered to meet with you to discuss the contents of this letter further.

Yours sincerely

[REDACTED]
Acting Head of Legal Services