



Department
of Health

Mr John Pollard
HM Senior Coroner for South Manchester
Coroner's Court
1 Mount Tabor Street
Stockport
SK1 3AG

28 April 2015

Dear Mr Pollard

Thank you for your letter to the Secretary of State for Health about the death of Elizabeth Leah. As Parliament was dissolved on 31 March, I am responding as Chief Operating Officer at the Department of Health.

I was saddened to learn of Mrs Leah's death and would be grateful if you would pass my condolences to her family.

Thank you for your report, which details the circumstances surrounding Mrs Leah's fall at a care home and subsequent treatment following a request for an ambulance. You have raised a number of important issues, which I hope my response will address.

I should stress that although NHS England maintains oversight of the day-to-day operation of the commissioning side of the NHS in England, it is for local commissioners to ensure that ambulance services receive sufficient funding according to the needs of their local populations. Individual Trusts must ensure a high quality service which includes determining the type of clinician, vehicle and equipment required to respond to calls based on the clinical needs of the patient.

Having said that, I am clear that taxis should not be used for patients in emergency or life threatening situations. I understand that during very busy periods, and on limited occasions, it is possible that some Ambulance Trusts use taxis to help transport 999 patients to hospital. However, this should only be after the patient has been assessed as having a minor ailment and confirmed as having a transport only need. I certainly would not expect a patient with a suspected broken femur to be transported to a hospital by a taxi.

On delays in A&E departments, the national guidance document, *Operational resilience and capacity planning for 2014/15*, was issued by NHS England, Monitor, the NHS Trust Development Authority and the Association of Directors of Adult Social Services. The guidance is designed to help local NHS and social care organisations to prepare for year round operational resilience and describes the role of System Resilience Groups (SRGs). It can be found at:

<https://www.gov.uk/government/publications/urgent-and-planned-care-operational-resilience-and-capacity-planning-for-201415>

Tamara Finkelstein
Chief Operating Officer

Richmond House
79 Whitehall
London
SW1A 2NS



The Trust has reported that the last 12 months has seen an unprecedented demand on ambulance services. NWAS has answered an additional 64,367 '999' calls between 1 April 2013 and the end of February 2015, an increase of 6.32 per cent compared to the same time period the year before.

As well as the increase in the overall level of activity – the Trust reported a significant rise in the number of Red 1 and 2 calls, the most serious, life-threatening and potentially life-threatening calls. In the same period outlined above, NWAS saw a 10.38% increase in Red incidents. Due to the nature of these calls, NWAS must prioritise them and this unfortunately can mean a delay for those patients with less serious conditions.

As you also reported, the Trust has been open about how some patients will experience delay as a result of the prioritisation. The Trust has concentrated the best use of its resources to the adaptation of working models to ensure ambulances are available for those who urgently need emergency care by deflecting less urgent cases to other services such as the Urgent Care Desk.

As part of this process I gather that patients whose conditions are not deemed to be serious or potentially life-threatening receive a call back from a Specialist Paramedic who will ask additional questions over the phone to establish the right care for the patient's needs. This could also mean a visit by a GP, self-help advice or an ambulance response.

To this end, NWAS introduced a number of initiatives including:-

- Increasing staffing levels, particularly in control rooms with seven starting in December 2014 and a further 42 before the end of March 2015;
- Increasing road staff with 68 new clinical staff in December 2014 and a further 68 before the end of March 2015;
- Advanced Community Paramedics (ACPs) - individual clinicians based permanently within communities who will help deliver more locally co-designed models of care. The purpose of the role is to improve the local community infrastructure and to provide safe care closer to home;
- The use of volunteer services such as Mountain Rescue teams, Red Cross and St John's Ambulance and the increased use of Community First Responders;
- Frequent caller scheme to identify and support frequent callers.;
- The Trust has also advanced with its collaboration work with agencies such as Fire and Rescue (LFRS) with co-responder schemes in Cheshire, Lancashire and Greater Manchester. whereby LFRS will be sent to incidents if the NWAS mobilising system believes they can get there more quickly than NWAS resources and an ambulance resource will be dispatched at the same time; and
- Throughout the North West, commissioners and providers are working collaboratively with NWAS' urgent care team to support the identification and effective care management of vulnerable populations.

I hope that you find this response helpful.

Thank you again for bringing this matter to our attention.