



## Department of Health

From the Lord Prior of Brampton  
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Thank you for your letter of 21 May 2015 following the inquest into the death of Barbara Patterson. I was very sorry to hear of Mrs Patterson's death and wish to extend my sincere condolences to her family.

You raise several concerns which relate to the level of ambulance service which was provided to Mrs Patterson:

- Failure by call handler to give timely advice in respect of CPR.
- The Pathways system piloted in the North East has a fault in that it does not advise non clinical call handlers to issue CPR advice unless a patient has stopped breathing. Although this fault was pointed out to Pathways by NEAS NHS Trust manager before the latest update of the system (early 2014), Pathways refused to amend the system. The fault remains in place.
- Failure by ambulance dispatcher to dispatch ambulance closer to deceased's location.
- Target time for arrival was 8 minutes but the ambulance took 15 minutes to arrive.
- National shortage of paramedics particularly in the North East
- Ambulance availability is jeopardised by crews being delayed at hospital when handing patients over to A&E staff.

The most immediate concern is about the lack of timely advice provided to Mrs Patterson's family by the ambulance call handler. I understand you have been told the handler was following the protocol and procedures from the NHS pathways call handler system (Clinical Decision Support System (CDSS)).

Although Mrs Patterson would not have survived the stroke, you were told the system did not advise that CPR should be applied on this occasion, because the patient had not stopped breathing. You consider this is a fault in the system that needs to be remedied.

NHS Pathways has provided a response to your concerns (attached) which includes an overview of the CDSS system, how it is implemented, reviewed and updated and the amendments that are made to supporting information on breathing assessment. Noisy breathing is already identified as a major airway compromise that requires an emergency response and appropriate CPR advice. NHS Pathways believes the call-handler might have failed to pick up the cues which should have led to this advice being given.

The target for an emergency ambulance response is that 75% of all Red 1 calls – the most serious, life-threatening category - receive a response within eight minutes. While ambulance services will always attempt to provide a response as soon as possible in life-threatening situations, the target recognises that it is unfortunately not always physically possible for ambulance services to respond to all Red 1 calls within eight minutes.

The North East Ambulance Service (NEAS) is currently facing unprecedented demand. NEAS has made progress in recruiting to vacancies, reducing its paramedic shortfall to 21% at the end of April 2015, and will continue to recruit more paramedics. I understand that NEAS has separately provided you with its response to the issues you raised.

To improve services nationally, NHS England's National Medical Director, Professor Sir Bruce Keogh, undertook a review of urgent and emergency care in 2013. This aims to change the way services are provided, including shifting care outside of the hospital setting where clinically appropriate, thereby avoiding unnecessary journeys and admissions to hospital.

The review proposes transforming the urgent and emergency care system by:

- providing better support for people to self-care;
- helping people with urgent care needs to get the right advice in the right place, first time;
- providing highly responsive urgent care services outside of hospital so people no longer choose to queue in A&E;
- ensuring that those people with more serious or life threatening emergency care needs receive treatment in centres with the right facilities and expertise in order to maximise chances of survival and a good recovery; and
- connecting all urgent and emergency care services together so the overall system becomes more than just the sum of its parts.



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Some of the proposed changes are already underway, affecting NHS 111, community pharmacy and developing the ambulance service as a mobile treatment service rather than solely a transportation service.

Hospital handovers, the process whereby the hospital takes over responsibility for the patient from the ambulance service, should occur within 15 minutes of the ambulance's arrival at the A&E department. The ambulance crew cannot leave the patient to attend further calls until the hospital has formally assumed responsibility. There is no single cause for handover delays and local factors often contribute.

Patient handover therefore needs to be as efficient as possible both to achieve the best possible outcome for the patient and to free ambulance resource. Some ambulance services and A&E departments have introduced Hospital Liaison Officers to act as a single point of contact between services.

Other work aims to improve the discharge process and patient flow. This includes reducing delays for patients moving between NHS and social care organisations so more beds become free. NHS England is preparing guidance for Urgent and Emergency Care Networks designed to improve patient flow within the urgent and emergency care system.

Work will continue to increase the number of Physician Associate training programmes across England in order to meet the workforce needs of acute, community and primary care providers. HEE will also ensure that paramedic training provides an additional 16% growth - 1,900 additional paramedics – in the current workforce over the next five years.

The skills and abilities of paramedics and the wider workforce also need to be utilised more fully. This will help ambulances to become mobile treatment services, rather than transport services, so that more patients can be treated at scene, where clinically appropriate.

We are extending paramedic training to enable them to better assess, prescribe for and manage patients with chronic illnesses. They need to work more closely with GPs and community teams. In support of this, NHS England plans to publish guidance to help ambulance services develop these new ways of working.

I hope that you find this reply helpful and I am grateful to you for bringing the circumstances of Mrs Patterson's death to my attention.



**DAVID PRIOR**