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BY EMAIL: coroners@northantscoroner.com

Hassan Shah
Assistant Coroner for Northamptonshire

Dear Mr Shah

REGULATION 28 REPORT – ACTION TO PREVENT FUTURE DEATHS: PAMELA KEECH

I am writing further to your Regulation 28 report to prevent future deaths which you issued to JRCALC following the inquest into the death of Pamela Keech.

You requested that the JRCALC consider matters of concern and suggested that action is taken to prevent future deaths. As detailed in a separate letter to you from JRCALC, it is the AACE and its advisors NASMeD that are providing the response to you.

Your matters of concern were:

- (1) I heard evidence that there is no National Guidance on how to predict and manage a fatal graft/fistula haemorrhage
- (2) I heard evidence that the risk of developing a fatal haemorrhage from a fistula/graft site is not part of the training requirement for A&E doctors/paramedic carers
- (3) I am concerned that other patients presenting with bleeds from fistula/graft sites might not be escalated for renal/surgical review before a fatal bleed presents. points 1 and 4 which are:

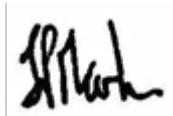
You suggest that action should be taken to prevent future deaths.

The action that we will be taking is to request that JRCALC, acting as our expert clinical advisors, review the UK ambulance service clinical practice guidelines for the management of renal patients and specifically in relation to fistula bleeds. We will ensure that any recommendations for new or updated guidance is written, published and issued to our ambulance clinicians as part of our ongoing clinical practice guideline development plan.

In addition, have written to the Vascular Access Society of Britain & Ireland to seek specialist advice in relation to fistula bleeds and whether patients should always be conveyed to hospital, particularly when bleeding has stopped. There may be opportunities to develop pathways for our clinicians to have direct clinical discussions with a vascular specialist regarding the most appropriate pre-hospital management of a patient and to agree whether conveying the patient to hospital is required.

I hope that you will agree that we have responded to the concerns that you have raised and explained our reasoning. I can assure you that we are absolutely committed to learning from all such adverse events and doing everything within our power to prevent them happening again in the future.

Yours sincerely




NASMeD Chairman




AACE Managing Director