

Dr Nicholas Shaw,  
HM Assistant Coroner for County of Cumbria

10<sup>th</sup> February 2021

By email to: [REDACTED]

Our reference: [REDACTED]

Dear Dr Shaw,

### **Inquest touching on the death of Patricia Ann Douglas**

I am writing in response to the Regulation 28 report received from HM Senior Coroner, dated 16 December 2020. This follows the death of Patricia Ann Douglas who sadly died aged 76 on 28<sup>th</sup> September 2020. We would like to express our sincerest condolences to the family of Patricia Ann Douglas.

Unfortunately, NHS Digital was not informed that this inquest was occurring, and it is disappointing that we did not have the opportunity to provide information and address your concerns directly. We understand that a full hearing has not yet taken place and it is hoped this will take place early this year. We would be grateful if NHS Digital could be named as an interested person in this inquest going forwards.

NHS Pathways is the Clinical Decision Support Software (CDSS) used by all NHS 111 service providers, and some 999 ambulance service providers including North West Ambulance Service in their 111 service. For information, I have included a short summary of the functions that NHS Pathways performs and the governance that underpins it (containing background information on NHS Pathways) in Appendix A.

I also enclose the HM Coroner's Information Pack (containing background information on NHS Pathways), please see Appendix B

HM Coroner has raised the following matters of concern with regards to NHS Pathways:

1. The initial assessment by the NHS 111 call handler led her down a pathway leading to a referral to the Covid service and does not seem to have given weight to the history of anaemia and transfusion. Could the pathway be improved to give better guidance to health advisors?

## NHS DIGITAL'S RESPONSE

To specifically address the concerns raised:

The call was taken on NHS Pathways release 21.1.1.

NHS Pathways assesses symptoms presented at the time of the call, and identifies the appropriate next level of care. It therefore does not seek to be diagnostic. NHS Pathways triage is built around a clinical hierarchy, meaning that life-threatening symptoms are assessed at the start of the call, triggering ambulance responses as necessary and progressing through to less urgent symptoms that require a less urgent clinical endpoint (or disposition).

At the time of the call, due to the increased pressures on NHS 111 services nationally arising from the COVID-19 pandemic, those patients with symptoms of breathlessness that did not require an ambulance response or referral to an Emergency Department / Urgent Treatment Centre were referred to the COVID Clinical Assessment Service. A clinician would then assess the patient, in this case within a one-hour timeframe, considering potential causes of breathlessness (COVID-19 or otherwise) and other relevant factors such as medical history in order to make an appropriate management plan.

Prior to the pandemic, these symptoms would have been assessed using the 'Breathing Problems, Breathlessness or Wheeze Pathway' and the same set of symptoms would have also reached a disposition of clinical assessment within one hour. Hence, whether the COVID-19 Clinical Assessment Service or 'Breathing Problems, Breathlessness or Wheeze Pathway' was used, the outcome for this patient would have been the same disposition of further clinical assessment within one hour.

Where information such as past medical history is declared by the patient, the health advisor is able to document this within NHS Pathways. However, it would not be deemed clinically appropriate for non-clinically trained health advisors to use discretion or make judgements in respect of any medical history described. Instead, where additional medical information is declared the health advisor may exit the system at an earlier stage in order to refer the patient for additional clinical assessment within an appropriate timeframe. Any medical information recorded is shared with the receiving clinician to inform their subsequent assessment and decision-making.

Please do not hesitate to contact us if we can assist further.

Yours sincerely,



[REDACTED]  
MMD, FRCS, DA, DCH, DipIMC, FRCEM  
Chief Medical Officer, NHS Digital

**Information and technology**  
for better health and care

[www.digital.nhs.uk](http://www.digital.nhs.uk)  
[enquiries@nhsdigital.nhs.uk](mailto:enquiries@nhsdigital.nhs.uk)

## Appendix A

### Function of NHS Pathways

NHS Pathways is a telephone and digital triage Clinical Decision Support System (CDSS) that has been in use since 2005 within the Urgent and Emergency care setting. It is used in all NHS 111 and half of English ambulance services. This triage system supports the remote assessment of over 18.5 million calls per annum.

NHS Digital is the Health and Social Care Information Centre (a non-department public body) as detailed in Part 9, Chapter 2 of the Health and Social Care Act 2012. The NHS Pathways system is owned by the Department for Health and Social Care, commissioned by NHS England and developed and managed by NHS Digital; the NHS Pathways team is part of NHS Digital.

The NHS Pathways triage is built around a clinical hierarchy, meaning that life-threatening symptoms are assessed at the start of the call triggering ambulance responses, progressing through to less urgent symptoms which require a less urgent clinical endpoint (or disposition). NHS Pathways is not diagnostic and only assesses symptoms presented at the time of the call and signpost to next level of care.

The triage is based on an interlinked series of algorithms, or pathways, that link questions and care advice leading to dispositions. A disposition will specify the skill set and time frame that a patient requires. Triage for both injury and illness presentations are available for all age groups (neonate, infant, toddler, child, and adult). In addition, special populations are included where relevant to the triage e.g., pregnancy.

Calls using NHS Pathways are managed by non-clinical specially trained 'Health Advisors' who refer the patient into suitable services based on the disposition at the time of the call. The Health Advisors are supported by clinicians who can provide advice and guidance or who can take over the call if the situation requires it.

The NHS Pathways system was developed and maintained by a group of experienced NHS clinicians (clinical authors) with an Urgent and Emergency Care background. The NHS Pathways clinical authoring team come from a variety of clinical backgrounds and are either a paramedic, nurse or doctor who are registered, licensed practitioners.

### Governance of NHS Pathways

The safety of the clinical triage process endpoints resulting from a 111 or 999 assessment using NHS Pathways, is overseen by the National Clinical Governance Group, an independent intercollegiate group hosted by the Royal College of General Practitioners. This group is made up of representatives from the relevant Medical Royal Colleges. Senior clinicians from the Colleges provide independent oversight and scrutiny of the NHS Pathways clinical content.

These senior clinicians from the Colleges provide independent oversight and scrutiny of the NHS Pathways' clinical content. Alongside this independent oversight, NHS Pathways ensures its clinical content and assessment protocols are concordant with the latest advice from respected bodies that provide evidence and guidance for medical practice in the UK.

Safe and appropriate use of NHS Pathways by NHS care providers is governed by way of a 'Licence to Use'. One of the conditions of the licence is the provision of appropriate round the clock clinical support within control rooms and contact centres for 999 and 111.

## **Appendix B**

HM Coroner's Pack