Association of Ambulance Chief Executives
25 Farringdon Street
London
EC4A 4AB

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W: www.aace.org.uk

16 February 2022

BY EMAIL: coroner@birmingham.gov.uk

Miss Emma Brown
Area Coroner for Birmingham and Solihull

Dear Miss Brown

REGULATION 28 REPORT – ACTION TO PREVENT FUTURE DEATHS: ADAM STONE

I am writing in response to the Regulation 28 report to prevent future deaths following the inquest into the death of Adam Stone which you issued on 27 January 2022 to the Association of Ambulance Chief Executives (AACE). I am the managing director of AACE, and I have consulted with my medical colleagues to inform this response.

AACE is a formally constituted private company wholly owned by the English and Welsh Ambulance NHS Trusts who are all full voting members. Its primary focus is the ongoing development of the UK ambulance sector and the improvement of patient care. It is a company owned by NHS organisations and it wholly owns the intellectual property rights of the JRCALC UK ambulance service clinical practice guidelines.

You have suggested that action is taken to prevent future deaths and requested that the AACE consider matters of concern in relation to the categorisation of calls to suspected ABD. Your matter of concern is that the continuance of a system which does not allow a category 1 response in severe case of ABD where restraint is taking place is putting lives at risk.

We need to highlight that the AACE is unable to make decisions nor mandate which category of response 999 callers receive, this is the responsibility of NHS England who chair and administer the Emergency Call Prioritisation Advisory Group (ECPAG) – a group of multi-disciplinary stakeholders who scrutinise evidence to support decisions about appropriate response categories for all clinical codes. AACE make recommendations to ECPAG based on clinical data submitted by ambulance trusts which is considered by National Ambulance Service Medical Directors (NASMeD) prior to any contribution to ECPAG discussion. Through this process the appropriate category of response for patients suspected of presenting with ABD was set by NHS England as a Category 2 response. This is a position AACE support - a decision arrived at following work we conducted looking specifically at ABD which was prompted as a result of other Coroner's enquiries regarding which category of response someone presenting as possible ABD should receive.

To help inform this decision and provide evidence, a joint police and ambulance review was conducted in the north of England between one ambulance service and a police force for a period of 9 months between August 2019 to May 2020. The purpose of the joint review was to establish whether individual presenting features in patients who were identified by police officers on scene as possible ABD, might individually or in combination reliably identify an increased risk of clinical deterioration associated with increased mortality and to determine the most appropriate ambulance response time category. Police officers identified 28 potential ABD cases in the nine-month review period, representing 1% of the mental health or behavioural crisis 999 calls attended by the police

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force. The review concluded that for patients who had been recognised as presenting with symptoms and signs of possible ABD, a Category 2 ambulance response was appropriate, if there was information that there were immediately life-threatening signs present, the patient should then receive a Category 1 ambulance response. The evidence and recommendations were accepted through the ECPAG process and implemented by all the UK ambulance services.

We agree that ABD is not a diagnosis or a recognised syndrome, but rather a term used to describe a combination of signs and symptoms of agitation with likely physiological abnormalities, caused by one of a number of possible toxicological, physical, or mental health conditions. In the prehospital setting we are often unable to ascertain the exact cause of the presentation while providing clinical care prior to arrival at an emergency department. We considered whether the use of restraint alone should warrant an automatic Category 1 response, but this was agreed through the ECPAG process as not appropriate unless immediately life-threatening signs were present. An ambulance may be diverted away from someone having for example, a heart attack, stroke, or similar condition presenting with life-threatening features, if other conditions are automatically prioritised as Category 1 without similar clinical features.

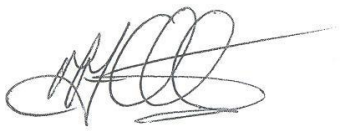
We would like to highlight other work we have undertaken and continue to undertake around ABD. We have developed and issued national clinical guidance in 2019, then updated in 2020, to UK ambulance clinicians. We have also supported education and presented at national conferences and webinars for police and ambulance staff, and we are continuing to develop further guidance around managing patients with extreme agitation.

I hope that you will feel the work we have done nationally to consider the issues you have raised explains the current system for responding all our patients including those with suspected ABD. We are absolutely committed to learning from all adverse events and doing everything within our power to prevent them happening again in the future.

We would also like to extend our sincere condolences to the family of Mr Stone.

If we may be of further assistance, please do not hesitate to contact us.

Yours sincerely



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Managing Director

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