NHS England

HM Assistant Coroner Nicholas H Lane
Worcestershire Coroner's Court
The Civic
Martin's Way
Stourport-on-Severn
Worcestershire
DY13 8UN
[redacted]

National Medical Director
NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG
[redacted]

14 June 2023

Dear Mr Lane,

Re: Regulation 28 Report to Prevent Future Deaths – David Ernest Mason who died on 7 March 2022.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 19 April 2023 concerning the death of David Ernest Mason on 7 March 2022. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to David's family and loved ones. NHS England are keen to assure the family and the coroner that the concerns raised about David's care have been listened to and reflected upon.

I address the two concerns addressed to NHS England within your report below.

Concern One: That certain ambulance call-handler pathways do not allow for patients at risk of developing an adrenal crisis to be adequately considered by ambulance service control centres.

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 over half of the English ambulance services, including West Midlands Ambulance Service University NHS Foundation Trust (WMAS).

The safety of the clinical triage process endpoints resulting from a 111 or 999 assessment using NHS Pathways is overseen by the National Clinical Assurance Group, an independent intercollegiate group hosted by the Academy of Medical Royal Colleges (AoMRC). Alongside this independent oversight, NHS Pathways ensures its clinical content and assessment protocols are consistent with the latest advice from respected bodies that provide evidence and guidance for clinical practice in the UK. This includes latest guidelines from

a. NICE (National Institute for Health and Care Excellence).
b. The UK Resuscitation Council; and
c. The UK Sepsis Trust.

The system 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 response (or disposition) in other settings. NHS Pathways is not diagnostic, but instead works on the basis of 'ruling out'. This means that questions are asked in order to rule out possible reasons for the patient's symptoms, until a point where it is safe for the patient to manage their own symptoms with advice or further intervention is needed by a clinician to establish a possible cause.

The majority of calls taken using NHS Pathways are handled by a highly trained but non-clinical Health Advisor. Health Advisors (as per the NHS Pathways Provider Licence) should have access to support from clinicians to support safe call-handling. Even though thorough training is provided, it is not within the remit of the Health Advisor to be trained in, or understand more complex medical elements, such as in this case. Indeed, such enquiry can add confusion and delays to the management of the case and triaging process. It is for these reasons that questions on past medical history or pharmacology are utilised sparingly across the system, and only where it is deemed that a clear understanding can be sought.

If a patient is unconscious the lowest disposition (outcome) they can reach would be a Category 2 emergency ambulance, and questions around adrenal insufficiency do not present because it will not impact the category of ambulance. However, after dispatch the system goes on to ask whether the caller has known adrenal insufficiency and, if so, offers specific in-line advice about administration of an emergency steroid kit.

Patients with adrenal insufficiency, such as David, are often knowledgeable about their condition and have specific instructions from their specialist on when and how to use emergency treatment kits. Injuries are common in the general population, but the prevalence of adrenal insufficiency across that population, whose triage assessment is supported by the NHS Pathways system, is relatively infrequent. If a patient with adrenal insufficiency is conscious at the time of a call, the risk posed through extra questioning on complex themes is thought to outweigh the urgency of advice. Adding enquiries about a topic where, (a) affected patients are likely to be aware of what to do and (b) such enquiries would delay the care or add confusion in the management of unaffected patients, has been considered and balanced in the design of this system and endorsed by the National Clinical Assurance Group.

However, having learned of this case, NHS Pathways will engage with its stakeholders and monitor emerging evidence and guidelines with respect to emergency steroid replacement therapy in the pre-hospital setting, with a view to making system changes where appropriate in accordance with the governance framework. If it is established that system-wide changes are required, NHS Pathways will work closely with colleagues in the ambulance sector to ensure safety-netting advice is appropriate.

NHS England will also engage with Medical Priority Dispatch System, the suppliers of the alternative telephone and digital triage system used by ambulance services in England, to review their processes for assessing adrenal insufficiency.

Concern Two: It was not clear what follow-up action is being taken by NHS England with regard to monitoring of compliance by NHS Trusts with National Patient Safety Alerts. In this case, alert NatPSA/2020/005/NHSPS, requiring

acute trusts to review admission/assessment/clerking documentation to ensure clinicians are prompted to check whether patients suffer from adrenal insufficiency.

NHS England has worked closely with the Society for Endocrinology and the Royal College of Physicians on the issue of under-recognition and treatment of adrenal insufficiency or crisis. This culminated in the publication of 'Guidance for the prevention and emergency management of adult patients with adrenal insufficiency' in July 2020, which outlines the causes of adrenal insufficiency, groups at risk of an adrenal crisis, emergency management and management for surgical procedures. As a result of work in this area, a new NHS Steroid Emergency Card was developed, to be carried by patients at risk of adrenal crisis and ensure the prompt delivery of steroids to those patients presenting within an emergency or acute medicine setting.

The work above also resulted in the publication of the National Patient Safety Alert (NatPSA), mentioned in your report, which includes the specific action that '*Providers that treat patients with acute physical illness or trauma, or who may require emergency or elective surgical or other invasive procedures, including day patients, should review their admission/assessment/examination/clerking documentation to ensure it includes prompts to check for risk of adrenal crisis and to establish if the patient has a Steroid Emergency Card*.' Trusts were expected to implement actions around this specific alert by 13 May 2021.

Alert compliance data for NatPSAs is published monthly on the Central Alerting System website. Guidance issued to NHS staff in August 2022, outlines the separate roles and responsibilities of the national Patient Safety Team, the region, the Integrated Care Board (ICB) and the providers regarding issuing and complying with alerts. The national team at NHS England has statutory responsibilities for identifying new or under-recognised issues and issuing NatPSAs when required but are not responsible for overseeing compliance. It is the role of ICBs to have local mechanisms in place to support compliance with any actions required in NatPSAs, in line with NHS Standard Contract requirements and the national Patient Safety Strategy. Regions and ICBs are expected to have sight of providers who do not complete actions by the required dates and provide support and assurance where this occurs.

In this case, Worcestershire Acute Hospitals NHS Trust declared compliance in March 2022. There are currently three Trusts who remain non-compliant. The national team at NHS England has asked regional colleagues to engage with the relevant ICBs regarding these Trusts. It is ultimately the role of the Care Quality Commission (CQC) to ensure the implementation of actions set out in alerts, which is made clear in all NatPSAs, through the following statement; *'Failure to take the actions required under this National Patient Safety Alert may lead to CQC taking regulatory action'.*

Other considerations

NHS England has also engaged with the Association of Ambulance Chief Executives (AACE), on the concerns raised in your report. The AACE are responsible for the Joint Royal Colleges Ambulance Liaison Committee UK ambulance service clinical practice guidelines (JRCALC guidelines). The guidelines advise that ambulance services in the UK should carry hydrocortisone on their vehicles. The AACE had previously reviewed

what process each UK ambulance service had in place regarding adrenal insufficiency, with all services responding that paramedics were able to administer hydrocortisone for the emergency treatment of adrenal insufficiency, together with most technicians/non-registered staff.

Following our engagement with the AACE, we have been advised that there will be some amendments made to the JRCALC guidelines for steroid dependent patients, to help improve understanding of the need for administering steroids in cases of trauma. These amendments have already been drafted and will be published shortly.

I would also like to provide further assurances on national NHS England work taking place around Reports to Prevent Future Deaths. All reports received are discussed by the Regulation 28 Working Group, comprising Regional Medical Directors, and other clinical and quality colleagues from across the regions. This ensures that key learnings and insights around preventable deaths are shared across the NHS at both a national and regional level and helps us pay close attention to any emerging trends that may require further review and action.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,

National Medical Director