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Coroner area of Suffolk
The Coroner's Court and Offices
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National Medical Director
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11 March 2024

Dear Coroner

Re: Regulation 28 Report to Prevent Future Deaths – Dennis John William King who died on 13th December 2022

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 15th January 2024 concerning the death of Dennis John William King on 13th December 2022. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Dennis' family and loved ones. NHS England are keen to assure the family and the coroner that the concerns raised about Dennis' care have been listened to and reflected upon.

In your Report you raised four matters of concern, which I address below.

1. Availability of ambulances to carry out transfers in a timely manner

NHS England recognises the significant pressure on ambulance services since the Covid-19 pandemic, which has seen longer response times across all categories than before the pandemic, including transfers between NHS hospitals. Given that patient safety risks for both NHS hospital transfers and 999 patient calls from the community can be reduced by faster ambulance response times, NHS England have continued to focus on improving ambulance performance overall for 2023/24, supported by the Delivery Plan for Recovering Urgent and Emergency Care Services. The plan outlines the actions and steps that we are taking across England to recover and improve urgent and emergency care services, including improving ambulance response times (specifically for Category 2 patients), increasing ambulance capacity through growing the workforce, speeding up discharges from hospitals, expanding new services in the community, and taking steps to tackle unwarranted variation in performance in the most challenged local systems.

2. Inter-hospital transfers process

The National framework for inter-facility transfers was published by NHS England in July 2019 and updated in March 2021. The framework is intended for patients who require transfer by ambulance between facilities due to an increase in either their medical or nursing care need. The framework states that patients going directly to theatre for primary percutaneous coronary intervention should receive an IFT Level 2 (IFT2) Category 2 response and that the clinical staff responsible for the patient

determine that transfer to another healthcare facility is clinically necessary. If an ambulance is not immediately available for dispatch this incident should be escalated within the ambulance emergency operations centre to ensure an appropriate response. Ambulance trusts should have appropriate clinical support and decision-making processes in place for transfers requiring escalation.

NHS England has also engaged with West Suffolk NHS Foundation Trust (WSFT) on the coroner's concerns. We understand from WSFT that Dennis' care was reviewed internally by their Patient Safety and Inquest Teams who found no reason for formal review. Clinicians within the Emergency Department have however been reminded of the opportunity to escalate concerns around emergency transfer of patients to the relevant tactical and strategic commander as this could expedite any transfer.

3. The suitability of the NHS approach to centralising exigent care in regional centres

In December 2006, the Department of Health published the report "Mending Hearts and Brains – clinical cases for change.", advocating and providing the rationale for a primary percutaneous cardiac intervention (PPCI) service, running 24 hours a day, 7 days a week, as a first treatment for heart attacks. Percutaneous coronary intervention (PCI) is a non-surgical procedure to treat the blockage in a coronary artery. The report stated that by bypassing local hospitals to deliver PPCI to heart attack victims within centres of excellence could save an estimated 500 lives and may prevent around 100 further heart attacks and 250 strokes annually.

The national PPCI Programme was established following the National Infarct Angioplasty Project, completed in 2008, which showed a reduction in hospital mortality (5.2% v 7.1%) and 18 month mortality (9.9% v 14.8%) for patients treated with PPCI as opposed to thrombolysis.[1] PPCI was judged to be superior to thrombolysis if the infarct artery could be opened within 150 minutes of the call for help which was applicable across 95% of the UK population.

Evidence supports improved outcomes when PPCI services are provided by a specialist centre with skilled clinical teams, where sufficient numbers of cases justify provision of a 24/7 staffed service. Specialised services cannot be provided in every hospital which can create challenge when patients require a transfer for specialised treatment, particularly when ambulance resources are under pressure. Increasing the number of specialised centres for PPCI centres would require careful consideration and scoping to ensure there is sufficient specialised activity to support expanding the number of commissioned centres to deliver a PPCI service, ensuring standards and outcomes and existing services are not compromised.

[1] Thrombolysis is a treatment to dissolve or break up a blood clot. It is an option for patients facing delays to interhospital transfer. It has been superseded by PPCI in terms of clinical effectiveness for the treatment of heart attacks.

The clear consensus of the Cardiac Services Clinical Reference Group[2] was that PPCI patients should be treated in dedicated centres which offer 24/7 cover. Continuous cover for PPCI requires a 24/7 rota to fully staff a catheter lab equipped to deal with complex and high-risk cases supported by ward teams familiar with the presentation and complications of a heart attack. This concentration of expertise is only available in dedicated centres and so requires centralisation of care.

Patients who self-present to a non-heart attack centre with a heart attack are subsequently conveyed to a heart attack centre as a Category 2 ambulance call. This transfer can build in substantial delay to treatment, which will be longer than for patients transferred directly from the community.

In February 2022, NHS England launched its first ever public awareness campaign on heart attack symptoms. The "Help Us Help You – Heart Attack" campaign aimed to increase public awareness of heart attacks and address the barriers to acting quickly on symptoms. It emphasised the importance of calling 999 so that symptoms can be evaluated promptly.

Some hospitals with catheter labs that perform PCI but which are not heart attack centres are capable of performing PPCI in patients who self-present in their emergency departments to avoid the wait for an inter-facility transfer. This is dependent on the availability of local expertise and the absolute numbers of patients involved are small. Work is being undertaken to improve communications between the ambulance teams and PPCI centres to minimise the rate of inappropriate activations of PPCI teams where the patient does not have a heart attack.

4. Adequacy of action plan provided to the court by East of England Ambulance Service NHS Trust (EEAST)

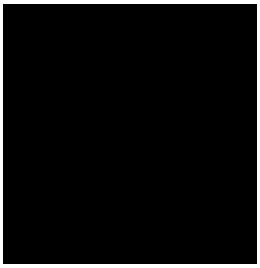
It is not within NHS England's remit to comment on the adequacy of the action plan provided to the court by EEAST and we would refer you to the Trust on this issue. We understand that their action plan is under review and once updated will be sent to you.

I would also like to provide further assurances on the national NHSE work taking place around the 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 events are shared across the NHS at both a national and regional level and helps us to 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,

[2] Clinal Reference Groups are a source of expert clinical and professional guidance and oversight.



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National Medical Director