



Matthew Cox HM Coroner's Court Floors 2 & 3 Newgate House Newgate Rochdale, OL16 1AT

14 June 2024

Dear Mr Cox,

Thank you for your letter of 10 April to the Secretary of State for Health and Social Care regarding the death of Paul Dow. I am replying as Minister with responsibility for urgent and emergency care.

Firstly, I would like to say how deeply sorry I was to read the circumstances of Mr Dow's death and I offer my sincere condolences to his family and loved ones. It is vital that where Regulation 28 reports raise matters of concern these are looked at carefully so NHS care can be improved. I am grateful to you for bringing these matters to my attention.

Your report raised concerns about the service provided by the North West Ambulance Service NHS Trust (NWAS), including the appropriate ambulance response categorisation for patients who have taken an overdose and the clinical involvement in triaging such calls.

My officials have made enquiries with NHS England (NHSE) who advise that national guidance is in place for Emergency Operation Centres (EOC) on the clinical oversight of patients calling with overdose and suicidal ideations. These principles have been reviewed and strengthened through several national recommendations since 2019. NHSE issued guidance for Ambulance Services relating to overdoses and suicidal intent in April 2021. The guidance sets out that, where an overdose is declared, further clinical intervention should take place so that an early assessment can be made of whether a higher priority response is more appropriate. This clinical intervention should take place within 30 minutes, or the case must automatically upgrade to a Category 2 if clinical intervention does not occur within 40 minutes.

You have also shared your report with NWAS who are best placed to respond on the specific action they are taking locally to address your concerns. I am informed that NWAS has reviewed how it uses the call handling triage tool (NHS Pathways) in calls that involve patients who have taken overdoses. Where NHS Pathways recognises a "risk of suicide" or "accidental poisoning or overdose" from the initial call triage, it will automatically prompt the call handler to continue with an advanced questionnaire module to determine if the patient has taken an overdose of a number of higher risk medications. Patients who have taken such medicines will automatically be upgraded to a Category 2 response at the point of the call.

Thank you once again for bringing these concerns to my attention.

Yours,

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