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National Medical Director
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24/07/2024

Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – Robert John Fray who died on 9 April 2022

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 6 June 2024 concerning the death of Robert John Fray on 9 April 2022 and sent to the Chair of NHS England. I am responding on behalf of the organisation in my capacity as National Medical Director but would like to assure you that the Chair has also been sighted on this response and has reviewed your Report. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Robert's family and loved ones. NHS England are keen to assure the family and the Coroner that the concerns raised about Robert's care have been listened to and reflected upon.

Your first concern in your Report focused on repeat 999 calls and raised that a volume of 999 calls about the same person over a longitudinal period does not trigger or prompt NHS Pathways to require the call assessor to consider whether a more urgent response is needed.

The NHS Pathways triage product is built to progress through a clinical hierarchy of urgency. This means that life-threatening problems are assessed first, and less urgent problems are assessed sequentially thereafter. The endpoint of an assessment is reached when a clinically significant factor cannot be ruled out and so a "disposition" is reached. Dispositions range from ambulance callouts to self-care.

Triage is a fluid process. During a call, or afterwards, the symptoms can change (either deteriorate or improve). Prior to closing a call, call handlers offer specific closing instructions. These include providing information on what to do whilst waiting for the ambulance and what to do if symptoms change, or if there are any other concerns once a call has ended. This means that if symptoms change, for example becoming immediately life-threatening, the person is encouraged to call back. This call back will prompt reassessment that, in the case of immediately life-threatening symptoms, upgrades the ambulance disposition accordingly.

It is critical that Urgent and Emergency Care triage products, such as NHS Pathways, ensure that patients' symptoms are assessed in a timely manner. This means that the appropriate level of care or advice can be provided to the caller rapidly and safely. An

NHS Pathways triage assessment assesses symptoms at the time of the call. If all patients who had a previous 999 contact or a previous encounter with a healthcare provider were treated differently when a call reaches the 999 system, this could delay or prevent an NHS Pathways assessment occurring. This could in turn delay ambulance dispatch or life-saving advice.

In this case, a Category 2 ambulance disposition was reached during the second call at 19:32 hours. A Category 2 ambulance disposition is an emergency response that requires a response within 18 minutes. The case-mix includes time-critical, serious medical emergencies such as a heart attack or stroke in patients who are currently breathing and conscious. A Category 1 response is reached when there is an immediate threat to life, for example, where patients are not breathing (cardiac arrest).

As an operational measure developed in partnership with providers, where there is a call open for a patient (identified via the demographic information collected at the outset of a call), the caller is asked “Is the call about a new or worsening symptom?”. If the answer is “yes” to either, reassessment will occur. This also supports services to manage call-backs received where callers seek information about other matters, such as the expected arrival time of an ambulance, and it enables cases to be upgraded where the patient has deteriorated in the intervening period.

Your Report also raised the concern that the automated ‘duplicate checker’ for 999 calls is based on checking location within a 250-metre radius, rather than the patient’s name. In this case, Mr Fray had moved more than 250 metres between the third and fourth 999 calls, and so the fourth call was not picked up as a duplicate or call-back.

NHS England do not set national policy on how ambulance services should manage duplicate callers. Ambulance services adopt good practice and implement their own local procedures to manage this issue. The duplicate checker referred to by the Coroner is good practice across the sector but is not nationally mandated policy.

In terms of local procedures, the Computer Aided Dispatch (CAD) systems geofence (i.e. set a boundary) at a 250-metre radius, and may additionally differentiate duplicates based upon one or more of the following, depending on how the system is configured:

- Telephone number
- Location/address
- Key phrase (e.g. difficulty breathing)
- NHS number
- Age
- Sex of the patient

Outside of the geofence, the ‘what3words’ function may also support this identification process. This is a geocode system designed to identify every 3-metre square of the Earth, and it is a helpful way to communicate exact locations.

I would also like to provide further assurances on the national NHS England 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 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,

Professor Sir Stephen Powis
National Medical Director