

Ms Kate Roberts
Assistant Coroner
Liverpool and Wirral Coroner's Service
Gerard Majella Courthouse
Boundary Street
Liverpool
L5 2QD

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

[REDACTED]
10 January 2025

Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – Amanda Jane Gainford who died on 4 November 2022

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 24 October 2024 concerning the death of Amanda Jane Gainford on 4 November 2022. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Amanda's family and loved ones. NHS England are keen to assure the family and the Coroner that the concerns raised about Amanda's care have been listened to and reflected upon.

I am grateful for the further time granted to respond to your Report, and I apologise for any anguish this delay may have caused to Amanda's family or friends. I realise that responses to Coroner's Reports can form part of the important process of family and friends coming to terms with what has happened to their loved ones, and I appreciate this will have been an incredibly difficult time for them.

Your Report raised the concern that many healthcare professionals (HCPs) were unaware of their ability to challenge ambulance call handler categorisation and seek a review by a clinician.

NHS England has published the [National Framework for healthcare professional ambulance responses, which was last updated in March 2021](#). The Framework is intended for patients who require an ambulance response in a community setting following clinical assessment by a HCP.

HCPs are defined as those working in general practice, advanced practitioners, paramedics, community matrons, community and district nursing teams, community midwifery teams, dentists and approved mental health professionals.

Patients who have immediate life-threatening injuries or illnesses must receive the same level of response in the community irrespective of the source of the 999 calls.

The aims of the Framework are to ensure equity of access for all seriously ill or injured patients. It is recognised that in certain situations, an HCP may require immediate clinical assistance to make a life-saving intervention, in addition to ambulance transportation. The Framework maps HCP responses to the Ambulance Response

Programme (ARP) response categories Category 1 (immediate additional clinical assistance from an ambulance service, with a target 7 minute response time) and Category 2 (immediate additional clinical care in hospital, with a target 18 minute response time). Responses to HCP incidents can be measured separately to other 999 activity to examine the parity of responses

Where immediate ambulance clinical support and/or transportation is requested by a HCP, it is the responsibility of the referring / attending clinician to make the request to the ambulance trust. It is highly desirable that, if possible, the clinician should not delegate this responsibility – experience has shown that a clear transfer of information is needed. Where delegation is unavoidable, the individual making the request for support should be able to answer triage questions about the patient's condition, including the transfer of information regarding the patient's history, overall condition and vital signs. HCP Level 1 or HCP Level 2 requests should ordinarily be made by a HCP unless clinical factors require the call to be made by non-clinical staff. However, where calls are made by non-clinical staff on behalf of a HCP, these should be handled in the same way.

HCPs can aid the efficient deployment of ambulances by being familiar with the Framework. Equally, ambulance trusts have a responsibility to ensure appropriate clinical support in control rooms and on scene for HCPs dealing with patients with emergency conditions.

The Framework includes the question order for HCP requests and the information that HCPs will be asked to provide. Clinicians using the HCP process are advised of both the category of call assigned and an estimated response time based on the current activity level. They are given the option to add anything else once that information is shared and would be able to challenge the category/response based on clinical concern.

There are four levels of HCP response: HCP Level 1, HCP Level 2, HCP Level 3 and HCP Level 4. Level 3 may be used for patients who require urgent admission to hospital and has a target response timeframe of 2 hours. Level 4 is for all other patients who do not meet the criteria for Levels 1, 2 or 3 and who require admission to hospital via ambulance for ongoing care, but do not need to be managed as an emergency. This level has a target response time of 4 hours. NHS England collect and publish counts of HCP1, HCP2, HCP3 and HCP4 incidents, and their average response times, at www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators.

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 around events, such as the sad death of Amanda, 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,



National Medical Director