



Department  
of Health &  
Social Care

Minister of State for Health (Secondary Care)

39 Victoria Street  
London  
SW1H 0EU

Our ref: [REDACTED]

HM Coroner Robert Cohen  
Fairfield  
Station Road  
Cockermouth  
Cumbria CA13 9PT

By email: [REDACTED]

28 January 2025

Dear Mr Cohen,

Thank you for the Regulation 28 report of 29 October 2024 sent to the Secretary of State for Health and Social Care about the death of Mr Armstrong. I am replying as the Minister with responsibility for urgent and emergency care. I am thankful for the extension you have granted.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Armstrong's death, and I offer my sincere condolences to his family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention. I understand that your report and matters of concerns have also been sent to NHS England (NHSE), who are responding to each of your concerns.

The NHS Pathways Clinical Decision Support System triage product is used to support urgent and emergency care in England and is embedded in NHS 111 and 999 call systems of ambulance providers. Your report raises concerns that NHS Pathways does not ask call handlers to ascertain if patients have preexisting conditions. You also highlight concerns that patient information gathered from NHS 111 online and patient medical records more generally, are not available to 999 call handlers.

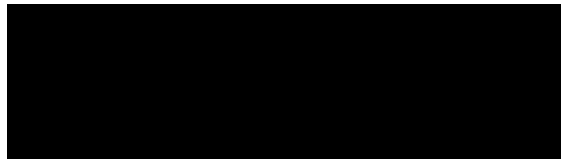
Ambulance services are required to use an approved triage system to aid initial 999 call prioritisation – the two approved systems are the Advanced Medical Dispatch Priority System (AMPDS) and the NHS Pathways system. These systems are approved on the basis of being able to determine (as far as possible) differing levels of acuity, from immediately life-threatening emergencies to patients with an urgent care need.

NHSE has advised the Department that it has in place a process to appropriately map the outcomes of 999 call triage systems against ambulance response time categories. NHSE has responsibility for the production, maintenance, review and revision of the dataset used in these systems, which is managed by the NHSE-chaired Emergency Call Prioritisation Advisory Group (ECPAG). ECPAG keeps the categorisation of calls under continual review, and ambulance services support this process through providing evidence and expertise to

reduce unwarranted variation across services, helping ensure appropriate prioritisation, equity of access and uniformity of response across England. In the case of Mr Armstrong, I understand that his pre-existing condition of Addison's disease would have changed his call categorisation, and that NHS England, as the appropriate body, will be responding to your concerns raised on this matter as well as on the issue of appropriate patient record sharing and access to information gained from NHS 111. However, I would note that interpreting full medical records is outside of the scope and expectations of call handlers.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Yours sincerely,

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**MINISTER OF STATE FOR HEALTH**