ASSOCIATION OF AMBULANCE CHIEF EXECUTIVES

Association of Ambulance Chief Executives
25 Farringdon Street
London
EC4A 4AB

8 July 2026

[redacted]

[redacted]

Mr N Lane
HM Area Coroner for County of Devon, Plymouth and Torbay

Dear Mr Lane

JOHN SOUTHAM KEEN (DECEASED)

I am writing in response to the preventing future deaths report in my capacity as managing director of the Association of Ambulance Chief Executives (AACE).

On behalf of AACE, I would like to extend our sincere condolences to the family of Mr Keen.

AACE is a private company owned by the English and Welsh Ambulance NHS trusts. It exists to provide ambulance services with a central organisation that supports, co-ordinates and assists with the implementation of nationally agreed policy. Our primary focus is the ongoing development of UK NHS ambulance services and the improvement of patient care. It is a company owned by NHS organisations and possesses the intellectual property rights of the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) UK ambulance service clinical practice guidelines (the "JRCALC guidelines"). AACE is not constituted to mandate or instruct ambulance services, however, it has national influence via the regular meetings of ambulance chief executives and chairs along with a network of national specialist groups.

We respond in relation to your proposed matters of concern:

> *Vascular emergencies guideline has been considered to be confusing, potentially contradictory and not at all user-friendly for paramedics.*

The JRCALC guidelines are advisory and have been developed to assist paramedics working in UK ambulance services in making decisions about the management of patients' health, including treatments and to support clinical practice. We recognise that the guidelines cannot always contain all the information necessary for determining appropriate care and cannot address all individual situations; therefore, we expect that paramedics using JRCALC guidelines ensure they have the appropriate knowledge and skills to enable suitable interpretation.

Your matter of concern was brought to the attention of JRCALC, and specifically to the clinical leads for the vascular emergencies guideline. These clinical leads are our expert advisors who have a background of vascular and surgical knowledge and have offered to support this work. They= are currently reviewing the sections of guidance that relate to aortic aneurysms and aortic dissections. As part of this process of review, we will ensure paramedic input so the guidance is as user friendly as possible. We had an initial meeting on the 22 June 2026 to discuss your concerns which I have summarised below.

[redacted]

1. Section titled ‘aortic aneurysms’

This section will be fully revised and updated aiming to remove any confusion and add clarity.

2. The ‘aortic dissection detection risk score’

The detection risk score table was included in a revision of the guideline in 2024. We aimed to assist in identifying the more subtle signs of vascular emergencies that may be missed. As this clinical risk stratification tool is not specifically designed for pre-hospital use, and only validated for hospital assessment, calculating a risk score would lead to actions that cannot be undertaken in the pre-hospital setting, for example D-dimer testing. The tool was modified so that if any score was positive in any column, it was recommended that the patient should be conveyed to hospital. We recognise this information may be improved with updated formatting of the table.

3. Hypotension as a risk factor

The review group will amend the wording to make the relevance of high and low blood pressure clearer.

4. This guidance unhelpfully long-winded & compares unfavourably to other documents used in similar clinical situations

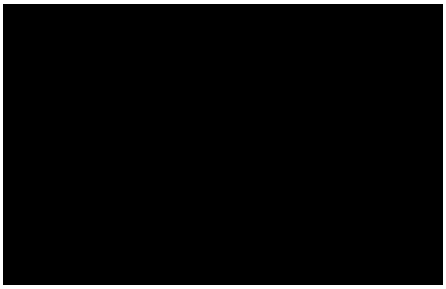
On initial review of the guideline, we agree with this assessment. Our specialist advisors have recommended we update the section on ‘aortic aneurysms’. We are considering developing a new algorithm to streamline key information and actions for clinicians.

Our intent is to complete our review and subsequent update of the vascular emergencies guidance. The revised guideline will be presented to JRCALC for approval, and then for final ratification by the national ambulance services medical directors’ group (NASMeD).

New and updated guidelines are released onto the JRCALC App at regular intervals throughout the year. Ambulance services are given at least four weeks’ notice of planned updates via senior clinicians so that they can prepare accordingly and consider any local education that may be required to support new guidance.

I hope this is helpful. Please do not hesitate to contact me should you require any further information.

Yours sincerely



Managing Director