



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

9 September 2026

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

[REDACTED]
Sonia Hayes
HM Area Coroner for Essex

Dear Ms Hayes

JANE LAWRENCE (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 Jane's family.

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.

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.

We respond in relation to your matters of concern:

There is a risk of non-conveyance to hospital of a patient following an episode of Severe Hypoglycemia when following the JRCALC Guideline flowchart.

Your matters of concern were brought to the attention of JRCALC, and specifically to our clinical leads for the glycaemic emergencies' guideline. These clinical leads are our expert advisors who have a background of diabetes knowledge, and they include an endocrinologist and a paediatrician. We have held our first guideline group meeting, and we are undertaking a full review of the glycaemic emergencies' guideline along with the associated medicines used to treat hypoglycaemia. We are

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currently reviewing the sections of guideline that relate to hypoglycaemia management. Registered paramedics will contribute to this review process to ensure clarity and ease of implementation.

On initial review of the guideline, we agree that the hypoglycaemia management flowchart does not contain detail of considerations of whether the patient needs to go to hospital. We are looking to revise this specifically as well as considering the guideline in its entirety. We will also address the different time thresholds for administration of IV glucose that you highlighted as a discrepancy.

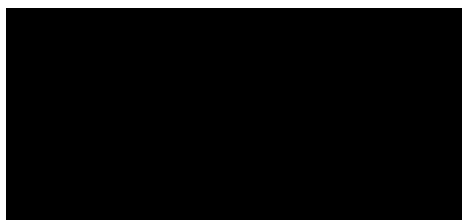
Our aim is to complete our review and subsequent update of the glycaemic emergencies' guideline over the next few months. The revised guideline will be presented to JRCALC for approval, and then for final ratification by the national ambulance services medical directors' group (NASMeD).

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.

Another action we have taken was to share your matters of concern by email with all UK ambulance services via medical directors and quality and risk directors. We suggested that they consider raising awareness amongst clinicians of the risks of not conveying a patient to hospital after a hypoglycaemic episode, particularly if a patient is taking sulphonylurea medications. In addition to this, we highlighted the concerns you raised at the national ambulance service medical directors (NASMeD) meeting on 18 August.

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

Yours sincerely

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Managing Director

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