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28 October 2026

Dear Ms Pember,

Re: Regulation 28 Report to Prevent Future Deaths – Samuel Hand who died on 23 March 2025.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 14 August 2026 concerning the death of Samuel Hand on 23 March 2025. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Samuel's family and loved ones. NHS England is keen to assure the family and yourself that the concerns raised about Samuel'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 Samuel's family or friends. I realise that responses to Coroners' 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 concerns that no consideration is given to the quantity of tablets taken in an overdose when deciding upon the relevant category for ambulance disposition, with the focus being primarily on the type of drug taken.

Background of NHS Pathways Clinical Decision Support System

NHS Pathways is the Clinical Decision Support System (CDSS) used for remote clinical assessment (triage) in urgent and emergency care. In use since 2005, it underpins all NHS 111 services and more than half of England's 999 telephony systems. The tool also supports online triage, in-person and enhanced clinical assessments via modules such as the NHS Pathways Clinical Consultation Support (PaCCS) system.

The safety of NHS Pathways triage outcomes, known as "dispositions", is overseen by the National Clinical Assurance Group (NCAG), an independent intercollegiate body hosted by the Academy of Medical Royal Colleges. Alongside this external scrutiny, NHS Pathways aligns its content with up-to-date national clinical guidance,

including NICE (National Institute for Health and Care Excellence), UK Resuscitation Council and UK Sepsis Trust.

The system supports over 2.5 million triage assessments each month across telephone, digital, and face-to-face settings.

NHS Pathways follows a structured clinical hierarchy. Serious and potentially life-threatening symptoms are assessed first to ensure rapid escalation, such as dispatching an ambulance or involving a clinician. The assessment then progresses to less urgent symptoms, identifying the most appropriate level of care. The tool is not diagnostic. Instead, it works by systematically ruling out more serious causes of symptoms to ensure safe, efficient triage. Relevant history is gathered where clinically necessary to minimise triage time while maintaining safety.

In telephone settings (calls made to NHS 111 or 999), assessments are conducted by specially trained non-clinical health advisors. These advisors complete a comprehensive, structured training programme to ensure they can use the NHS Pathways algorithm safely and effectively. If a case is complex or unclear, health advisors are required to escalate to clinical colleagues. The NHS Pathways licence (which NHS 111 and 999 providers must enter into in order to use the system) states that clinical supervision and escalation support must be available 24/7, and immediately accessible to health advisors during live calls. This clinical availability is a core system control.

Triage tools in use by ambulance emergency operation centres

Ambulance Emergency Operation Centres (EOCs) use one of two approved triage tools to take 999 emergency calls – MPDS or NHS Pathways. The outcome (disposition) reached at the conclusion of the initial assessment must be mapped to approved, contracted standards. There is a requirement to map these outcomes to the various categories (Categories 1 – 5) set out within the NHS Constitution and Ambulance Service 999 contracts. Category 5 (originally Category 4H) relates to calls that do not require an ambulance response; there is no standard for Category 5 calls.

The grading of 999 calls are clinically based decisions and any changes are considered by the NHS England Emergency Call Prioritisation Advisory Group (ECPAG). Changes are considered on receipt of a review of the evidence base with formal recommendations from the NHS England Clinical Coding Review Group. The clinical rationale of proposed changes also has to be endorsed by the National Ambulance Service Medical Directors group (NASMeD). Any recommendations that are made and implemented will be formally reviewed with ongoing monitoring from ECPAG.

Overview of the Management of Overdoses and Suicidal Callers

Overdoses, whether intentional or accidental, can be challenging cases to assess remotely. Many different substances, medicines, doses and combinations are

possible. This poses challenges to classify and appraise the relative lethality of the substances involved and balance this risk against the symptoms and circumstances at the time of the call. In any circumstances where an overdose has occurred, the lowest possible disposition that can be reached is a Category 3 ambulance response. However, if there are any signs or symptoms indicating an immediate threat to life (reduced consciousness level, breathlessness or shock, for example), then a higher response will be reached.

The range and volume of substances taken by patients, either accidentally or by those who are wishing to end their life is extensive and varied, and cases involving suicidal ideation are often multi-factorial. It is too complex and not clinically safe for non-clinically trained health advisors to be required to use discretion or to make decisions based on substance information provided, nor is it possible for the system to be developed to respond to every permutation of substance, volume, lethality and social circumstances. However, the triage system does allow for free text to be added to capture any substances or amounts taken to support further review. Ambulance category is not formulated simply by the nature of the drug, nor the dosage taken.

As described above, NHS Pathways is designed to support the identification of life-threatening symptoms first. If those are present, that would lead to a category 1 or 2 ambulance. In the absence of life threatening symptoms, an immediate symptomatic assessment follows and since 2019, the case will also be flagged for an urgent remote clinical assessment. While that clinical assessment is pending, the case will be dealt with as a Category 3 emergency ambulance response. If, however, on review the clinical view is that given the individual factors of the case this should be upgraded to a Category 1 or 2 emergency ambulance response, this is done without delay.

Ambulance EOCs follow specific principles on their respective triage tool to ensure clinical oversight for patients calling and presenting with overdose and suicidal ideations as above. These principles have been reviewed and strengthened through several national recommendations since 2019.

The guidance highlights the critical importance of clinical oversight and review on a case-by-case basis) and sets out that:

- Where an overdose is declared, further clinical intervention should take place within 30 minutes, or the case must be automatically upgraded if this does not occur within 40 minutes.
- It is good practice for TOXBASE® (clinical toxicology database of the UK National Poisons Information Service) to be viewed for each overdose / accidental ingestion incident, despite the familiarity of the reviewing clinician with that particular toxicity profile. It is noted that management practices often change in relation to specific toxins, therefore guidance around the use of TOXBASE ® was issued instead. Utilising TOXBASE® similarly ensures that the relevant current guidance is accessed when managing emerging and novel substance ingestion enabling the clinician to assess risk on an individual case basis.
- The initial clinical review should also consider any ongoing suicidal ideation with a specific plan / means.

In early 2019, NHS England instructed ambulance and NHS111 providers that any suicide-related cases reaching a Category 3 ambulance outcome should receive urgent clinical review. This would enable a clinician to consider the individual circumstances of each case with a view to determining whether the case should be clinically upgraded to a Category 1 or 2 emergency ambulance response.

In April 2021, NHS England in conjunction with the [redacted] (AACE) published a new operational procedure for all ambulance services in England [redacted] This document followed a detailed review that had been undertaken to consider agreed ambulance control room processes to ensure suicidal patients receive the correct clinical response. This review was also the catalyst for NHS England contacting all ambulance and NHS 111 services in early 2019 as described above.

The NHS England National Ambulance Team will recommend that the NHS England Midlands region review EMAS' current operational practice with relation to overdose and suicidal ideation incidents to ensure alignment with national guidance.

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 Samuel, 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,

[redacted]

[redacted]
National Medical Director
NHS England