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Mrs Jean Harkin
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2 June 2014

Dear Mrs Harkin

TERENCE DOOLEY (DECEASED)

We write further to your letter of 10 April 2014, enclosing a Regulation 28 Report to Prevent Future Deaths in relation to the inquest examining the death of Terence Norbert Dooley. Please accept this as our response in accordance with Regulation 29(4).

We note that you raise concerns regarding the following:

1. The coding of the call;
2. The delay in an ambulance attending;
3. A lack of communication; and
4. NWAS computer generated codes being misleading.

Coding of the call

All emergency calls received by the North West Ambulance Service (NWAS) are processed utilising the Medical Priority Dispatch System (MPDS), which is a system used both nationally and internationally. MPDS determines the priority in which vehicles should be dispatched based upon the immediacy of the life threatening symptoms displayed by the patient, as reported by the caller.

MPDS provides a unified system used to dispatch appropriate aid to medical emergencies and includes caller interrogation and pre-arrival instructions. The caller's responses to scripted questions are inputted to elicit a response output category (chief complaint). Each call is also assigned a sub-category, or code. This code indicates the priority with which vehicles should be dispatched. The Department of Health (DH) and local commissioning arrangements assign one of six response categories to the individual codes produced by MPDS, which generate the following resource response times:

- Red 1 and Red 2 – response within 8 minutes (75% of the time) – DH target;
- Green 1 and Green 2– vehicle response within 20 minutes (95% of the time) – local target;
- Green 3 – telephone triage within 60 minutes (100% of the time by the Urgent Care Desk) – local target; and
- Green 4 – telephone triage within 60 minutes (100% of the time) or a vehicle response within 4 hours – local target.

During the 999 call made by Mr Dooley on 28 October 2012 he advised that he had taken an overdose of medication. The Emergency Medical Dispatcher (EMD) confirmed that Mr Dooley was conscious and breathing and the system generated a Green 2 response code. MPDS is designed to elicit priority symptoms from a caller, for example, whether the patient is alert, conscious and breathing. If a patient has a compromised airway or is in cardiac arrest the system recognises that they require *immediate*, life sustaining, treatment and will generate a Red response code. Had Mr Dooley indicated any of these priority symptoms MPDS would have generated a higher response code. Whilst clearly extremely serious, an overdose of medication is not necessarily immediately life threatening (compared to a cardiac arrest, for example) and so will not generate a Red response, without additional clinical symptoms such as unconsciousness or a change in the patient's colour. NWAS have conducted a full audit of this call and can confirm that Green 2 was the correct code.

Response time

We note that you acknowledge in your inquest conclusion that there was a heavy demand on the Ambulance Service on 28 October 2012 and we can confirm that this was an extremely busy night for NWAS. At 00.03 on 28 October 2012 the Greater Manchester Duty Control Centre Manager reported that there were 35 incidents waiting. By 01.22, this had increased to 50 incidents and by 01.39 NWAS had 62 emergency incidents outstanding.

NWAS has a finite number of vehicles available at any one time and are aware that demand for vehicles fluctuates. We are acutely aware of the importance of delivering safe patient care, are constantly striving to improve our procedures and have a number of contingency plans which can be implemented during busy periods. One such procedure is Emergency Operations Centre Procedure EOC006 (0006), which is designed to optimise patient care during periods of high demand. In these instances, a resource responding to a lower priority call may require standing down to attend an incident with a higher priority, for example:

- Red 2 calls diverted to Red 1 calls;
- Green 1 & 2 calls diverted to Red 1 or 2 calls; and
- Green 3 or 4 calls diverted to Red 1, Red 2, Green 1 or Green 2 calls.

Between 26 October 2012 and 28 October 2012 NWAS received 3301 calls in which patients were displaying immediately life threatening symptoms (Red 1 and Red 2 calls) and responded within national targets. We believe that sustaining this level of response, when dealing with exceptionally high demand, demonstrates the effectiveness of our policies in ensuring that the maximum possible number of patients receive the appropriate level of care.

We can confirm that 0006 was implemented and in force during 27 and 28 October 2012. In spite of this, regrettably, there were still no vehicles available to send to Mr Dooley until 03.20, as they were all responding to immediately life threatening emergencies.

Lack of communication

We note that you state the following as a matter of concern:

"There appears to have been a lack of communication. The call handler believed that a response vehicle would be dispatched in 20 minutes."

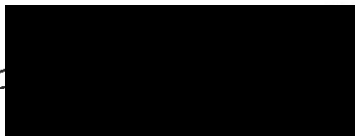
Whilst the EMD would no doubt have been aware of NWS's target of a 20 minute response to Green 2 calls, she at no point indicated to Mr Dooley that a vehicle would be dispatched within this period. The EMD in fact explained to Mr Dooley that NWS were responding to a high number of life threatening emergencies at that time and advised him to call 999 back if he felt any worse. We therefore do not accept that there was any lack of communication during this incident.

Computer generated codes

In December 2013 NWS served a witness statement from [REDACTED] Acting Emergency Operations Centre Sector Manager, which clearly explained the codes generated by the MPDS system. [REDACTED] also gave evidence at the inquest and was therefore available to answer any questions or provide any further explanation about the meaning of the codes, how they are generated, or the MPDS system in general. We therefore respectfully disagree that the computer generated codes are misleading.

We hope that the content of this letter has satisfactorily addressed your concerns. If you require any further information please do not hesitate to contact us.

Yours sincerely

A large black rectangular redaction box covering the signature of the Acting Head of Legal Services.

Acting Head of Legal Services