



Department
of Health



From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

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12 MAY 2014

Dear Ms. Leeming,

Thank you for your letter following the inquest into the death of Caroline Louise Pilkington. In your report you conclude that the medical cause of death was accidental, caused by Propranolol toxicity.

On 25 April 2013, Miss Pilkington was found suffering from a fit in an upstairs bedroom at her home address. The North West Ambulance Service (NWAS) was called and three paramedics attended. Due to the violence of Miss Pilkington's movements in the course of her fit it was necessary to restrain her limbs in order to remove her safely from her home. NWAS personnel called the police service to assist them. Officers of Greater Manchester Police attended, applied restraints to Miss Pilkington and assisted in removing her safely from her home.

Miss Pilkington died on 26 April 2013 at Royal Bolton Hospital. She had taken an accidental overdose of Propranolol which had been prescribed some time before for pain relief.

You raise the following concerns:

- NWAS personnel are not trained in control and restraint techniques. This results in them having to call the police service to assist them when dealing with ill patients who require control and restraint.
- This is so despite the fact that other clinical personnel, for example Mental Health nurses, are trained in such techniques.
- In this case the three paramedics had to call for assistance from the police service. The police, although trained in control and restraint techniques, are not clinically trained to deal with such patients.

- The involvement of the police service in these cases not only potentially results in inappropriate removal of police officers from their core policing duties, but also potentially results in harm to patients being caused by delaying their removal to hospital.

You have found that these matters did not cause or contribute to Miss Pilkington's death. However, you believe there is a risk that future deaths would occur while ambulance personnel remain untrained in control and restraint techniques, partly because police staff are not clinically trained and partly due to delays in taking patients to hospital whilst awaiting the arrival of the police.

I note that you sent a copy of your report to NWAS and I am aware of the contents of their reply. They have advised you that:

- A **joint protocol** was developed between the North West Region Police Forces and NWAS in March 2012 which supports inter-agency working and the appropriate use of shared resources to deliver the best possible care for patients who lack capacity. All five police forces in the North West have agreed to the protocol.

The protocol means that NWAS staff may request police assistance for patients in need of emergency treatment who lack capacity and who require restraint due to threatening or violent behaviour towards themselves or others. The police will respond to the incident as an emergency and the ambulance staff and police officer(s) will then work together and agree a plan on how to manage the patient in the safest, timeliest and least restrictive means possible.

Both the police and ambulance service employ highly skilled, well trained and specialised staff who each have a vital role to play in the care and safety of the public. NWAS believe that this model of collaborative multi-agency working is the best way to achieve consistency and guarantee safety for patients.

- The **use of restraint** and reasonable force is supported under the Mental Capacity Act 2005 (MCA), to ensure that patients lacking capacity receive appropriate care. Although NWAS staff are trained to provide minimal restraint in cases where patients lack capacity and there is no perceived risk of harm to them or the patient, they are not trained or expected to restrain patients who are acting in a threatening or violent manner.
- Advanced control and restraint is an extremely specialised skill, which, due to the risks involved, requires extensive training and regular practice. As ambulance staff are not commonly tasked with situations which require



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advanced control and restraint, it would not be possible for them to maintain the skills at the necessary level to ensure the safety of patients.

My officials have discussed this case with the Association of Ambulance Chief Executives (AACE). AACE considers that it is neither appropriate nor beneficial to train all ambulance staff in control and restraint, for the same reasons given above by NWAS. I fully support the collaborative approach taken by NWAS. As the control and restraint of patients is a highly specialised area I believe NWAS personnel rightly rely on the North West police forces to provide this facility as and when necessary.

I hope that this response is helpful and I am grateful to you for bringing the circumstances of Miss Pilkington's death to my attention.

Yours sincerely

JEREMY HUNT

