GREATER MANCHESTER
POLICE

Sir Peter Fahy Q.P.M., M.A.
Chief Constable

RECEIVED
-1 MAY 2014

Mrs Jennifer Leeming
Coroner's Office
Greater Manchester West
Ground Floor
Paderborn House
Howell Croft North
Bolton
BL1 1JW

Our ref: IW/LC
Your Ref:

28th April 2014

Dear Mrs Leeming,

RE: REGULATION 28 REPORT – CAROLINE LOUISE PILKINGTON

Thank you for copying me into the report you have submitted in respect of the above case. I share your concerns about the involvement of police officers in such situations, and I am grateful for your support in highlighting the risks. All too often, such incidents have led to demands for police officers to be better trained, an approach which fails to recognise the underlying issue here.

As you know, I have been concerned for some time about the increasing demand that is falling on police from gaps in health services. This is evident in many forms, from 'concern for welfare' reports through to police involvement in mental health and accident and emergency situations. The common theme is a tendency for health professionals to call police to deal with situations where health professionals already have the appropriate powers and medical skills, but appear to lack the confidence, will, and particular skills around incident resolution - which should obviate the need for police involvement. I note in this case that there were sufficient paramedics present to manage the incident safely without the need for police involvement, and I understand that the restraint equipment used is carried by ambulances crews for such purposes. Unfortunately we have been called to similar incidents at mental health settings, including secure units, where mental health nurses have also not been trained in control and restraint.

I fully endorse the need for police involvement when health professionals are assaulted or threatened with violence by those who need dealing with through the criminal justice system. Clearly we enjoy good operational and professional relationships with our colleagues across the emergency services, and we have always supported requests for assistance without question in the past. However, I am increasingly concerned that we are becoming a default option if the correct medical response is not available, and are being drawn into high risk medical emergencies. It is difficult to justify the involvement of police officers in situations which are clearly medical emergencies, whether physical health or mental health. Our newly revised officer safety training programme has emphasised the need for officers to recognise the medical risks in situations such as those in Miss

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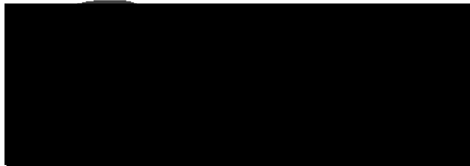
Pilkington's case, and to treat those as medical emergencies. While police officers are trained in restraint, I would suggest that medical emergencies are different, and consequently require different considerations and approaches. Calling police to deal with such emergency situations will cause delay, abstract officers from their core duties, and potentially endanger the patient through failure to take action and/or inappropriate techniques being used.

In respect of training for the ambulance service, my understanding is that paramedic staff must receive training in personal safety, which is a requirement through NHS Protect, and an obligation under health and safety at work responsibilities. However, the content of that training is not stipulated, and it is down to each service to determine the content and frequency of that training. I am unclear as to the extent to which their duty of care responsibilities are understood in relation to controlling and restraining patients. We find knowledge of the Mental Capacity Act and Mental Health Act is variable, and that some policies within the ambulance service and hospitals automatically refer incidents to police when they could take action themselves. I concur with your recommendations, and would be happy to offer our support to NWAS in respect of any training initiatives they may undertake in response to your report.

Yours sincerely.



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