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DIRECT

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HM Senior Coroner Pollard
HM Coroner for Manchester South District
Coroners Court
1 Mount Tabor Street
Stockport
SK1 3AG

13 January 2016

Dear HM Senior Coroner Pollard,

Re: Inquest into the untimely death of Thomas Anthony Collins
Date & Time of hearing: Wednesday 18th November 2015 at 10am
Location: Stockport Coroners Court
Matter: PFD Regulation 28 Report

Thank you for your letter dated 25 November 2015 which encloses a copy of the Regulation 28 report issued against Nwas, pursuant to section 7 (1) (c) of the Coroners and Justice Act 2009.

I note your specific concern centres around the following:-

'The attending paramedic lacked the confidence to make a clinical decision, which I accept can happen, but then he contacted the Out of Hours doctors who had no knowledge of the patient rather than his own GP practice. When, in what circumstances, should a paramedic seek the advice of a doctor who is not in attendance, as to whether the patient is to be taken to hospital? (Nwas)'

I confirm that Nwas Paramedics perform a clinical assessment of the patient and then apply a clinical algorithm called 'Paramedic Pathfinder'. The algorithm is used by a Paramedic to ensure the sickest patients receive rapid care and transport to the Emergency Department using an evidence-based process. The algorithm allows the Paramedic to identify patients who would benefit from clinical assessment and care at home before a decision is made to transport to hospital. The algorithm identifies a cohort of patients clinically safe to wait up to 2 hours for a further, more bespoke clinical assessment (*ref: Emerg Med J published online October 7, 2013 Clinical Navigation For Beginners: clinical utility and safety of the Paramedic Pathfinder*).

Nwas has agreements with thirty Commissioning Groups (CCGs) in the North West to refer this group of patients to a specific 'Acute Visiting Service' (AVS), usually organised by GP Out of Hours services.

These services are easily available to NWS staff in a timely manner (within 15 minutes). There is a Memorandum of Understanding that these services are aware of the skill set of our staff and that patients calling 999 have a higher 'prior probability' of being significantly unwell than the usual General Practice patient. A minimum "data set" of information is required from the Paramedic in order to support a decision about transport to hospital. The referral calls are recorded for audit purposes.

We know from experience that calling the patient's own GP results in a variable response, both in terms of timeliness of clinical advice and how consistent that advice is. The Out of Hours GP will contact the patient's own GP for follow up care and advice if it is established that the patient does not need a more urgent intervention. The GP is informed that the Acute Visiting Service has been involved within 24 hours of the contact.

I hope this letter provides assurance that we have a considered, clinically evidence based and auditable system for safe structured hand-over of patients to their local health care system that has been developed with Commissioners and local health care providers.

If you do have any further concerns or questions please feel free to contact me.

Kind regards



Head of Legal Services