

London Ambulance Service Mil



NHS Trust

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Ms ME Hassell Senior Coroner Inner North London St Pancras Coroners Court Camley Street London N1C 4PP

Dear Ms Hassell

Regulation 28: Report to Prevent Future Deaths- Lisa Margaret Day

Thank you of your Regulation 28 Report to Prevent Future Deaths dated 23 February 2016. bringing to my attention and to the attention of Dr Tim Ladbrooke matters of concern:

1. When Ms Day's friend rang the 111 service on her behalf, the possibility of conveying her to hospital by means other than an ambulance was discussed with her and she declined.

However, it was not discussed with her friend who made the call. He would have been much better placed to organise this and, if he had, it would probably have resulted in life saving hospital treatment.

The potentially very grave consequences of a vomiting illness in a person with diabetes were not explained to him.

2. I heard at inquest that the 111 and 999 services have begun a process to promote more effective communication of 111 concerns to the London Ambulance Service in situations like this. It seems that this would be of great benefit to patients.

I understand that the first concern is a matter for the London Central and West Unscheduled Care Collaborative and that Dr Ladbrooke will be responding.

With regard to the second concern, I am pleased to confirm that the London Ambulance Service NHS Trust (LAS) have agreed a process with NHS 111 whereby clinicians from NHS 111 can alert the LAS Emergency Operations Control about the calls made to NHS 111 where there is a clinical concern. The electronic flagging system was introduced on 14 March 2016 following consultation with NHS 111. The "LAS Department of Education and Development EOC Training Bulletin", TB 02/16, dated 9 March 2016, and "111 Clinician alerting process for patients where there is a clinical concern on a green ambulance referral" v2.0 flowchart give examples of the patients whose presenting conditions are to be brought to the attention of the LAS.

I have been advised by the LAS's Medical Director that whilst the new process is in its infancy early indications are that the process of alerting the LAS about calls where there is a clinical concern is working well.

As with other Regulation 28 Prevention of Future Deaths Reports this letter will be shared with the National Ambulance Service Medical Directors' Group (NASMeD) who advise the Ambulance Association of Ambulance Chief Executives, and will also be shared with London NHS 111 service providers.

I hope this reply is helpful in explaining the actions taken to address the matters of concern. In closing I wish to offer my condolences to Ms Day's family.

Yours sincerely.

Dr Fionna Moore

Chief Executive London Ambulance Service NHS Trust

Enclosures:

"LAS Department of Education and Development EOC Training Bulletin", TB 02/16, dated 9 March 2016

111 Clinician alerting process for patients where there is a clinical concern on a green ambulance referral" v2.0 flowchart