



Department of Health

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Dear Ms Borril

31st October 2017

Thank you for your letter of 4 September to the Secretary of State about the death of Mr Anthony William McCormack. I have been asked to respond.

I was very saddened to read of the circumstances surrounding Mr McCormack's death. Please pass my condolences to his family and loved ones. I appreciate this must be a very difficult time for them.

Your Report raises concerns about the level of paramedic cover at the Manchester International Airport.

I should explain that the provision of emergency ambulance services is a matter for the local NHS. My officials have made enquiries with the North West Ambulance Service NHS Trust and the NHS Blackpool Clinical Commissioning Group (CCG), as lead commissioner for ambulance services in the North West region.

I am advised that paramedic cover at the Manchester International Airport is by commercial arrangement with the Airport which funds the service. I understand that there is no obligation on the Manchester International Airport to provide anything more than first aid. However, I am informed that the North West Ambulance Service has provided Manchester International Airport with a paramedic service since 2008.

I am advised that staffing comprises five solo paramedics working across a shift pattern resulting in one paramedic being on duty at all times, 24/7. The paramedics

work closely with the Airport and receive special training, including airfield driving. Manchester Airport paramedics are required to have high levels of security and regular accreditation which means that in an emergency they are permitted through security checks without delay and unescorted. This is not the case for any other North West Ambulance Service personnel from outside the Airport, who are required to enter security checks and be escorted during their time airside. The site is exceptionally secure for obvious reasons and I am advised that the permissions they have alleviate previous issues of delays to patients.

Activation to incidents is initiated by direct contact between the Airport operations/communications centre and the Manchester Airport paramedic. The paramedic will speak directly to the caller and make a judgement on attendance. When it is identified that an outside resource is required, the paramedic will contact the North West Ambulance Service by radio and request the back-up they require.

In cases of cardiac arrest, this would be done immediately and would also include a call to the Manchester Airport communications centre for an "AED Call". This results in the mobilisation of the Manchester Airport Fire Service to assist. While this is a great asset, it should be noted that there are strict regulations in place from the Civil Aviation Authority about response from the Fire Service to an airport incident. The Fire Service has seconds to respond to a fire and has to ensure that cover is not compromised by responding to other incidents. Within these considerations, I am advised that work is underway to increase the training of the Fire Service to Extended Community First Responder levels.

In the case of Mr McCormack, I am advised that the incident was not 'called in' as a cardiac arrest. This status was only confirmed on the Manchester Airport paramedic's arrival at the scene.

The North West Ambulance Services advises that a review of 2016 cardiac arrest data for Manchester Airport shows a survival to discharge rate of 43.75 per cent, which is favourable compared to the national average of 25.6 percent. In addition, Return of Spontaneous Circulation (ROSC) rates are good, at 62.5 per cent, compared to the 50 per cent national average.

Finally, as you will know, Manchester Airport is expanding. I am advised that work is underway to understand the impact this will have on the North West Ambulance Service and whether or not a second paramedic at Manchester Airport is required. This will be reviewed as the expansion takes place, but I am advised by



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the North West Ambulance Service and its commissioners that they are satisfied a sole paramedic is adequate for the current activity (an average of 9.3 incidents a day in 2017).

I note the comments in your Report about evidence heard at inquest around ambulance performance.

I would like to take this opportunity to highlight that, following an independent evaluation of extensive trials, we have agreed NHS England's recommendation to implement an improved ambulance performance framework, which:

- Prioritises responses to the sickest patients, while helping reduce long waits for ambulance responses;
- Ensures patients receive the response they need, first time;
- Brings all patients under a national response standard; and
- Improves the efficiency and resiliency of the ambulance service in the face of rising demand.

The NHS is now implementing these changes so that patients across the country can benefit from them. North West Ambulance Service has already transitioned to this framework.

The Department continues to work closely with NHS England and NHS Improvement to monitor and support performance in 2017-18, and there is a range of ambulance improvement programme work underway. This includes work to improve the clinical capability and conditions for paramedics; commissioning and operating models for ambulance services; and ambulance trust productivity and efficiency.

I hope this information is helpful. Thank you for bringing the circumstances of Mr McCormack's death to our attention.

Yours sincerely

PHILIP DUNNE