



South East Coast Ambulance  
Service NHS Foundation Trust  
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Mrs V Hamilton-Deeley  
HM Senior Coroner for Brighton and Hove  
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**By email only**

5 April 2019

Dear Madam

**John Scott Deceased**

I write in response to your Regulation 28 Prevention of Future Deaths report dated 14 February 2019, issued following the inquest into the death of Mr Scott. I would like to convey my condolences to Mr Scott's family.

I shall address your numbered concerns in turn.

1. The question of whether a patient is alone would have to form part of the script written by NHS Pathways. The direction "*once this phone call is finished, don't ring anyone else in case we need to call you back*" is part of the current Pathways script. Giving the caller the opportunity to ring someone to come to them if they are alone therefore also falls within the NHS Pathways part of the script. It would follow naturally from asking the caller if they are alone. We are obliged to adhere to the Pathways script to maintain our Pathways licence. Whilst we can add our own script after the Pathways script, it would not be sensible and would lead to confusion if we were to contradict instructions we had just given as part of the Pathways script. We therefore defer to NHS Pathways to make any appropriate amendment or addition to the script to enquire as to whether the patient is alone and to amend the instructions to them accordingly. We meet with NHS Pathways on a monthly basis and we have discussed this matter with them. We understand that it is under their consideration (see more in this regard at point 3 below).

2. Paragraph one – see above.

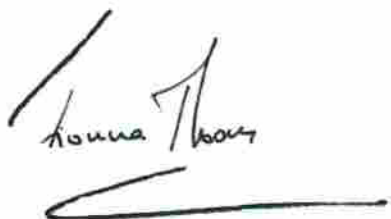
Paragraph two - We cannot provide a timeframe as there are so many factors involved in determining when an ambulance resource will arrive with any particular patient. We do have a “surge script” which we use when calls could potentially wait longer than the specified timeframe set by the category of call (eg. category 3 – 2 hours). I attach a copy of the script.

Clinicians and the Clinical Safety Navigator constantly review calls in the waiting stack and will review incidents that may be deemed appropriate and safe for the patient to make their own way to hospital. The clinician will exclude any high risk symptoms that may put the patient at risk if they made own way, such as the patient feeling faint and can only drive themselves - this would not be appropriate as they could collapse whilst driving and cause greater harm to themselves and other members of the public.

3. The advice to call back to the ambulance service if the patient becomes unresponsive is part of the NHS Pathways prescribed script and as such is outside of SECamb’s control. In relation to this issue and those above, NHS Pathways have advised us that care instructions are currently being reviewed for inclusion hopefully into Pathways version 18 which is due for release in the autumn of this year. First party instructions (instructions directly to the patient) will now be part of that review. Given the time constraints they have on releases (including testing and clinician governance prior to release), it is possible that resulting revisions will be included in version 19 rather than version 18.
4. All clinical questions that are asked as part of the NHS Pathways triage system are set by the NHS Pathways clinical team and as such, cannot be changed by SECamb. We understand from [REDACTED] of NHS Pathways that the issue of additional questions to exclude abdominal aortic aneurysm will be part of a review into severe abdominal pain which NHS Pathways already have under way.

Please do not hesitate to contact me if I can assist you further.

Yours sincerely



[REDACTED]  
Acting Chief Executive Officer  
South East Coast Ambulance Service NHS Foundation Trust

Enc: Surge script