East of England
Ambulance Service
NHS Trust

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31st August 2019

Dear Mr Parsley,

Re: Regulation 28 – Oliver Hall (17th June 2019)

I am writing to you following the inquest of Mr Oliver Hall and the Trusts receipt of a Regulation 28. In order to address your concerns, as outlined in Section 5, I will outline the Trusts current position and areas which are being considered for change/being changed.

Process of the transfer of information regarding a patient's original disposition by the NHS 111 service to the Ambulance service and the treating clinicians, the current East of England Ambulance service system does not provide the ambulance crew (and therefore in this case subsequently the GP's) with relevant information.

The Trust is currently in consultation with our colleagues in other UK Ambulance Trusts who use the same Computer Aided Dispatch system, some of which also use the same triage system (Pathways) as UK 111 providers.

The initial stage of this consultation is to share best practice and solutions with regards to how information is recorded and subsequently transmitted to attending resources using the existing technology.

Whilst this work is ongoing the Trust is drafting an instruction, which will be issued to all Dispatch staff, outlining the pertinent information that needs to be passed to attending resources. This will include for 111 calls the disposition description as determined by Pathways.

The current system will not identify to a medical professional a delay which is outside (just under) the category for that call, for example a call is made by a medical professional requesting an ambulance and one is not immediately available they will be informed of an anticipated response time outside of the key performance times for that category of call. For a C2 the medical professional will only be told if the anticipated delay will be 40 minutes or longer.

As heard in [redacted] evidence at the inquest communication had been sent to key stakeholders, including the Clinical Commissioning Groups, regarding the Ambulance Response Program (ARP) call categories in September 2018. However, he was unable to find evidence that GP's in the region had received further communication regarding how these new categories related to 999 calls made by Health Care professionals.

The Trust, along with all UK Ambulance Trusts, will shortly be implementing the National Framework for Healthcare Professional Ambulance Responses. The aim of this framework is to standardise nationally how calls from HCPs are triaged and responded to in line with the ARP call categories and to identify those patients who require immediate clinical intervention as well as transportation.

Further information can be found at:
https://www.england.nhs.uk/publication/healthcare-professional-ambulance-responses-framework/

The Trust currently is aiming to implement this framework on the 24th September 2019 and as part of this implementation key stakeholders, such as Clinical Commissioning Groups and Health Care Professionals (HCP) across the region, will receive updated and comprehensive guidance including the call categories associated with HCP calls.

A lack of clarity was apparent over the current national institute for health care and excellence on the treatment of sepsis and the guidance provided by the joint royal college's ambulance liaison committee, specifically in matters of the pulse rate of 120 in a six year.

The National Institute for Health and Care Excellence (NICE) has guideline NG51 -'Sepsis: recognition, diagnosis and early management'. This guidance was published in July 2016 and updated September 2017. NICE formally recognise and endorse the work and decision support tools of the UK Sepsis Trust. When reviewing the UK Sepsis Trust 'Sepsis screening tool prehospital (age 5-11)', red flag sepsis is considered if there is a severe tachycardia. The screening tool goes onto define a severe tachycardia as a heart rate greater than or equal to 120 beats per minute for children aged six to seven years of age. This is further reinforced on the NICE 'Sepsis risk stratification tool: children aged 5-11 years out of hospital'.

Guidance issued by NICE provides clarity surrounding the recognition and identification of high risk criteria in Sepsis. For any patient presenting with high risk sepsis the patient should be urgently seen in an emergency care setting with resuscitation facilities. NICE states that for children aged 5-11 years, low and moderate to high risk criteria could be treated in an out of hospital setting if the condition can be definitively diagnosed and treated.

The UK Ambulance Services, Clinical Practice Guidelines 2016 (JRCALC) identify that a six-year-old child would be expected to have a heart rate of 80-120 beats per minute. In the 2016 guidelines, sepsis in children is covered in a section pertaining to febrile illness in children and the guidance not greatly developed. A new 2018 update has just been launched, within this is update there is greater depth of information that, whilst formatted in a different way does broadly align to NICE guidance.

EEAST has, for a number of years followed and endorsed the work of the UK Sepsis Trust that mirrors the NICE guidance. This endorsement has included provision of core and professional update training to our staff and used within our 'Clinical Manual' – an electronic resource available to staff that is designed to augment the guidance offered by JRCALC.

Kind regards,

Dorothy Hosein
Interim Chief Executive