Professor Stephen Powis
National Medical Director
Skipton House
80 London Road
SE1 6LH

Mr James Bennett, Coroner for
Birmingham and Solihull
Coroner's Court
50 Newton Street
Birmingham
B4 6NE

30th August 2019

Dear Mr Bennett,

Re: Regulation 28 Report to Prevent Future Deaths – Allan Davies

Thank you for your Regulation 28 Report (hereinafter the 'report') dated 9th July 2019 concerning the death of Mr Allan Davies on 7th February 2019. Firstly before responding to your concerns, I would like to express my deep condolences to Mr Davies' family.

I note that your recent inquest into the death of Mr Davies concluded that his death was drug related and more specifically as a result of heroin overdose.

Following the conclusion of the inquest you raise the following concerns in your report for NHS England to consider:

(1) NHS Pathways (NHSP) triaging of overdose cases is too generic, namely it fails to have regard to the type of drug(s) taken and the potential for sudden collapse in certain patients;

(2) Not all NHS trusts/ambulance services that utilise NHSP are aware of this apparent deficiency.

In response I can confirm that NHS England and NHS Improvement, through the Ambulance Response Programme and Joint Ambulance Improvement Programme Board, are aware of this issue, and have taken steps to address it. On 2nd April 2019 Professor Jonathan Benger, the National Clinical Director for Urgent and Emergency Care at NHS England, wrote to all Ambulance Service Chief Executives and Ambulance Service Medical Directors in England to highlight this issue and ask them to:

- *"ensure they have robust clinical oversight in place in control rooms to monitor self-harm and suicidal patients safely and effectively, particularly those who have been allocated a Category 3 or 4 response initially".*

And stated that:

- *"consideration should be given, at the point of call, to the type of overdose and quantity taken (where relevant), and to the intent to end life, all of which will*

determine the necessary response including the need to upgrade a call for clinical reasons...".

This letter also offered to promote and share good practice in this regard, which several ambulance services have done. This letter from [redacted] followed earlier work to examine whether there might be a way of identifying higher risk overdose patients automatically, given that NHS Pathways is a computer-based system operated by non-clinical call handlers. However unfortunately no such system exists at present, not least because patients who have taken an overdose may not be able to identify accurately the substance or quantity that they have taken, and for this reason active clinical oversight within ambulance control rooms was recommended.

NHSP, within NHS Digital, is also aware of the issue, and has taken steps to address it in coordination with the initiatives described above. In February 2019 NHSP's National Clinical Governance Group (NCGG) ratified the decision of the clinical authoring team to introduce a new disposition code (Dx). I can confirm the purpose of this additional code is to raise the visibility of higher risk cases within the larger Emergency Ambulance Response (Category 3) cohort (Dx012), so they can be targeted for urgent clinical assessment of the risk to life and clinical re-triaging to alternative levels of response if required, e.g. a Category 2 ambulance response.

This new code, Dx0124 (Emergency Ambulance Response for Risk of Suicide (Category 3), is designed to facilitate the early identification of higher risk suicidal patients following an intentional toxic overdose, or persons who intend to end their life by violent means. It is anticipated that the introduction of the new code will ensure these patients can undergo earlier clinical review within both the 111 and 999 call-handling centres.

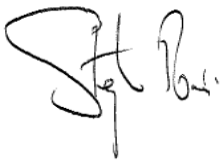
I can confirm the new Dx0124 code is currently being introduced as a component of the 'NHS Pathways Release 18' which is due to be beta tested in August 2019. Widescale deployment of Release 18 to all providers of NHS111 and all ambulance services in England that use the NHS Pathways system will then occur on 7th October 2019 following the period of testing, with services then having an 8 week period to update their staff and systems.

Unfortunately it is acknowledged that suicide attempts are complex to assess within telephone triage systems. Different methods, lethality and social circumstances make it challenging for non-clinical call handlers and to try and ask them to capture this information is likely to introduce further risks. Due to the difficulties involved the introduction of a new Dx code, to raise visibility to clinicians, was considered the safest and best option for this specific group of patients.

I can confirm that the re-categorisation of all such cases from Dx012 (Category 3 ambulance) responses to a Category 2 ambulance response, without first differentiating the clinical risks of method, toxicity and social circumstance, was also considered. However given the large volume of low risk patients that would be included in such a change this would also introduce new clinical risks across the wider emergency care system and delay the ambulance response to other patients with greater need. Therefore again the introduction of a new code was felt to be the safest and best option.

Thank you for bringing this important patient safety issue to my attention and I hope the above has explained the steps that have been taken to deal with and tackle the recognised issue. If however you require any further information please do not hesitate to contact me by return.

Yours sincerely,



Professor Stephen Powis
National Medical Director
NHS England and NHS Improvement