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24 March 2021

Private & Confidential
Mr Andrew Bridgman
H M Assistant Coroner
H M Coroner's Court
1 Mottram Street
Mount Tabor
Stockport
SK1 3PA

Dear Mr Bridgman

Regulation 28 (PFD) Report - Mr Cyril Cheetham

I refer to your above report dated 2 February 2021 in relation to the above and thank you for contacting NHS Stockport Clinical Commissioning Group (CCG) in this matter. I would like to begin by offering my sincere condolences to the family of Mr Cheetham.

You have raised a number of points of concerns which I will address in order:-

- **Lack of Audit re ATT Service**

You express concern that the ATT service is being resourced and provided nationally without any adequate or true audit of its perceived net benefit; your concern is that its use may be costing lives, either at all, or at an unacceptable level.

Whilst I am unable to comment on any national evaluation I am able to provide information and reassurance in relation to local evaluation and monitoring of the ATT service in Stockport.

The ATT was set up to provide a dual role:-

(1) To allow Care Homes and ambulance staff access to a clinician as an alternative to transport to the Emergency Department

(2) To allow management of conditions that are time sensitive but may not require admission

The design was to allow access to this resource 24/7.

The services that Mastercall provide for the Stockport population, including ATT are monitored within a process of regular quality review; these reviews are undertaken internally by Mastercall using their Clinical Guardian system, the DATIX risk management system and also by a review of complaints, in addition to regular contract quality reviews. To date there have been no significant concerns raised regarding the ATT service. Whilst I am assured that this review process would highlight any patient risk, I am pleased to note that Mastercall are in the process of undertaking a full audit of the ATT service with the aim of providing rigorous evidence that the service is safe. It is anticipated that the outcome of the audit will be available within 8 weeks.

The ATT service is designed as a tier between GP and hospital services to support ambulance crews who on review of a patient do not believe that hospital admission is required. By contacting this service the crew have access to medical input and advice and can often avoid the need to transfer a patient to the hospital. The service also supports care home patients at risk of hospital admission; for the latter cohort of patients it is generally accepted that Emergency Department (ED) attendance is often very disruptive and so access to the ATT service means that attendance to the ED can be avoided and care provided in the patient's home environment.

The Service Specifications are rigorous with excellent performance by Mastercall and communications provide clear guidance in relation to which patient cohorts are suitable for their service and which should be directed to 999. Calls into the service are triaged by a senior clinician and I am therefore confident that any inappropriate call to the ATT service from a care home or ambulance crew would be promptly redirected to 999.

Your report and comment in relation to this issue has led to a full audit being undertaken which I am confident will provide reassuring evidence of the benefit of this service. As referred to above it is anticipated that the audit will be complete by mid May 2021. In the meantime I can confirm that Mastercall have already instigated a change to their Clinical Guardian system to review all ATT calls to provide short term assurance whilst the data is developed for the audit.

- **Criteria for the ATT Service**

Your report also highlights concern that there is a lack of clarity in relation to the criteria for the ATT service and specifically that there appeared to be a 'grey area' that exists between a routine (no risk of admission) attendance and a risk of admission attendance. I agree that from the information presented at inquest in this case, it is clear that guidance needed to be re-visited in order to ensure that the service was accessed appropriately and most importantly that patients received the right care in the right service at the right time.

This issue has been addressed through a system wide discussion; essentially the issue as described within your report arose due to a view taken on 'at risk of admission'. It has therefore been agreed that any visit required following initial ATT telephone assessment will be performed by Mastercall. The only exception to this will be in circumstances where a GP expresses a preference to undertake the visit which must happen on the same day. This process provides assurance that the patient will be seen the same day but does allow the flexibility of the patient's own GP, who knows the patient best, to remain involved as appropriate.

I will be working with the Deputy Medical Director at Mastercall and also with my colleagues within the wider primary care system; and I am confident that the steps we are taking across the system will remove the 'grey area' and any associated risk.

I am satisfied that lessons have been learnt as a result of this case, I am though conscious that we cannot 'undo' what happened here and I am sorry that Mr Cheetham's referral into ATT was not managed as well as it should have been. I hope that his family will be comforted to know that steps have been taken to ensure that other patients do not find themselves in similar circumstances.

I hope the above information is helpful to you but if you do need any further information then please contact me.

Yours sincerely

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Medical Director