



Department
of Health &
Social Care

From Edward Argar MP
Minister of State for Health

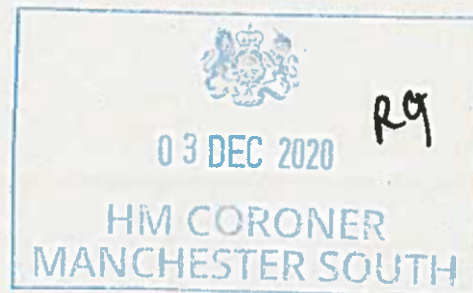
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Your Ref: [REDACTED]

Our Ref: [REDACTED]

Ms Alison Patricia Mutch
HM Senior Coroner, Manchester South
HM Coroner's Court
1 Mount Tabor Street
Stockport SK1 3AG



1st December 2020

Dear Ms Mutch

Thank you for your letter of 1 July 2020 to Matt Hancock about the death of Joan Margaret McIndoe. I am replying as Minister with responsibility for ambulance services and I am grateful for the additional time in which to do so.

First, I would like to offer my sincere condolences to the family and loved ones of Mrs McIndoe. We must do all we can to take the learnings from the circumstances of Mrs McIndoe's death to improve the safety of others.

Your report raises two matters of concern relating to interaction between telecare monitoring agencies and ambulance services and my officials have sought the advice of the Association of Ambulance Chief Executives (the AACE); NHS England and NHS Improvement (NHSEI); and the Care Quality Commission (CQC) in preparing this response.

The AACE provides central support and co-ordination to ambulance services to assist with implementation of national policy and the improvement of patient care. Although the AACE is not constituted to mandate or instruct ambulance services, it facilitates and enables the development of good practice. This includes consideration of concerns identified by coroners, where the AACE's National Ambulance Medical Directors Group will discuss and disseminate learning from Prevention of Future Deaths reports. The concerns in your report have been brought to the attention of the AACE.

In relation to the categorisation of calls from alarm monitoring agencies by ambulance services, where contact with a resident has not been established, I am advised by the AACE that the Advanced Medical Priority Dispatch System (AMPDS), an internationally recognised system that is used by around half of all ambulance services in the country including the North West Ambulance Service (NWAS), this type of call is mapped to Category 5. This means that calls of this nature should automatically receive an initial

clinical assessment so that an ambulance clinician can assess the call and attempt to obtain information to establish the type of response that is required. This might include but is not limited to upgrading the incident for an expedited face to face assessment or conducting further telephone triage.

Similarly, I am advised that NHS Pathways allows for a call handler to transfer the call to a clinician for further assessment and risk management. There might also be local operational procedures in place to support the management of alarm calls by ambulance services.

I am not able to comment on the specifics of this case. However, as with all serious incidents, I expect the North West Ambulance Service to reflect carefully on the circumstances of Mrs McIndoe's death and the findings of your investigation and to identify and take forward any actions for improvement.

In relation to the second matter of concern about clarifying the expectations of telecare monitoring agencies to provide updates to the ambulance service to aid understanding of how incidents are evolving, it is key that alarm monitoring agencies gather as much information as possible about the alarm call to help ambulance services determine if an ambulance response is required (and the category of the response) or if a local response is more appropriate.

I am advised that the AACE has identified a need for greater clarity and consistency around the interaction between telecare monitoring agencies and ambulance services and the AACE is engaging with the Technology Enabled Care Services Association (TSA), a membership organisation for technology enabled care providers, on these matters with the aim of influencing how telecare providers engage with ambulance services.

The AACE will bring the circumstances of Mrs McIndoe's death and the concerns you have raised to the attention of the TSA to inform these discussions. In addition, I am advised that the AACE is encouraging ambulance services to collect data on the type and numbers of calls they receive from telecare monitoring agencies to further support consideration of these matters.

You may also wish to note that northern ambulance services are supporting work to explore how a decision support tool could assist telecare monitoring agencies to decide when to transfer calls to the ambulance service (and the type of information required by ambulance services to determine the category of response), or other locally agreed pathways of care.

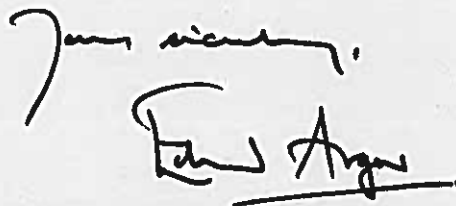
I hope this provides assurance that action is being taken to improve and strengthen the interaction between ambulance services and telecare monitoring agencies. In addition, NHSEI is in regular and close contact with the AACE, where concerns such as the interaction between ambulance services and alarm monitoring agencies continue to be discussed.

Technology enabled care providers play a vital role in supporting the independence, health and safety of older and vulnerable people and in doing so, it is essential that they can demonstrate the quality and safety of the service they operate. One way to do this is for telecare providers to apply to become certified against the Quality Standards Framework¹, overseen by TEC Quality, which has recently been accredited by the UK Accreditation Service (UKAS).

The Quality Standards Framework sets out ten quality standards and four service delivery modules, together with key outcomes, against which providers are audited. This includes a delivery module specifically for telecare monitoring that outlines minimum expectations. For example, a locally agreed process for passing calls to the emergency services and monitoring a service user's welfare when a call has been passed to a responder such as the ambulance service².

Commissioners of telecare services have influence when agreeing contracts in setting expectations of quality and safety. For example, by specifying that providers have received accreditation against a framework of standards. Given the significant role of local authorities in contracting with telecare providers, I have asked my officials to bring your concerns to the attention of the Association of Directors of Adult Social Services (ADASS) to raise awareness of these matters and the benefits of contracting with organisations certified by standard bodies, such as TEC Quality.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

A handwritten signature in black ink, appearing to read 'Edward Argar', written over a horizontal line.

EDWARD ARGAR MP

¹ <https://www.tecquality.org.uk/the-qsf-modules>

² <https://irp-cdn.multiscreensite.com/a9a7c1d1/files/uploaded/A.%20Telecare%20Monitoring%20V3.3%2025th%20February%202019.pdf>