



11 March 2024

Stakeholder briefing issue number: 11

Please cascade this briefing to colleagues as you deem appropriate.

Dear colleague

Procedures relating to ‘deaths in the community’ following the implementation of NHS Pathways at East Midlands Ambulance Service (EMAS)

In November 2023, EMAS implemented a new telephone triage system to assess 999 calls received in our Emergency Operations Centres (EOC). Work has been ongoing with system partners to standardise new processes for 999 calls that do not require an ambulance response.

This briefing provides information about changes to EMAS’s procedures relating to deaths in the community.

Change to procedure

From Wednesday 3 April 2024 (inclusive), EMAS will no longer be dispatching ambulance staff to:

- verify **expected** deaths in the community
- persons who are deemed **quantifiably deceased** as determined by the NHS Pathways triage system. See appendix 1 for examples of 999 calls regarding persons who are deemed quantifiably deceased by NHS Pathways, and will no longer require an ambulance response.

All 999 calls will continue to be answered and assessed by an Emergency Medical Advisor (EMA) in our EOC as usual, using NHS Pathways. Where necessary, a member of our Clinical Assessment Team (CAT) will provide additional guidance to determine Recognition Of Life Extinct (ROLE).

In the case of expected deaths: If the person is deemed quantifiably deceased by information provided by the caller, and CPR is not in process, the caller will be instructed to contact their GP or Out of Hours provider to arrange for certification of death. Where possible, our EMA/CAT will provide the caller with the relevant contact information to progress to this next step.

In all other cases: Avenues include direct referral to the police or referral to alternative services for verification of death.



Reason for the change

EMAS exists to provide emergency life-saving care. In order to ensure our service is fit for this purpose, it is essential that our resources are available to respond to life-saving emergencies.

Working with system partners

This change is unanimously supported by regional coroners. We are continuing to work with regional police forces to address the impact on their resourcing and processes.

EMAS hosted MS Teams briefing sessions with regional Primary Care providers and Integrated Care Boards on 4 March and 6 March 2024, respectively. We would like to thank colleagues who attended the sessions, and who provided useful questions to aid discussion about the next steps. Frequently Asked Questions about NHS Pathways are provided in Appendix 2 of this briefing. You can access the slidedeck used for the sessions [here](#).

For invited colleagues who were unable to attend the sessions, we hope that this written briefing provides necessary clarity. If you have any questions, please contact the EMAS NHS Pathways Project Team: nhspathwaysteam@emas.nhs.uk

Thank you

On behalf of our EMAS Trust Board, we thank you and your colleagues for your continued support, cooperation and interest. With your support we are continuing to make steps towards enhancing EMAS's clinical capability by ensuring that patients receive care in the right place, at the right time, from the right service.

Dr Nicole Atkinson
Medical Director

Ben Holdaway
Director of Operations

Susan Jevons
Senior Quality Manager for
Coroner Services



Appendix 1: Examples of call scenarios and NHS Pathways outcomes

Example scenario 1 – Call regarding a dead body: stone cold; stiff

EMAS receives a 999 call from a person who has concerns after not hearing from her aunt for a while. Arriving at the property, she has found her aunt, who appears to have died some time ago.

- Body is established to be stone cold with obvious decomposition.
- No ambulance intervention is required.
- Call is referred to police.

Pathway: PMA3 – Call About Someone Else

Symptom group: SG1188 – Deceased

Symptom discriminator: SD4248 – ALL unexpected death

Disposition: Dx52 – The call is closed with referral to the police (no ambulance intervention)

Selected care service: No care service selected

Example scenario 2 – Call regarding an expected death

EMAS receives a 999 call from a woman who thinks her husband has died.

- Person is expected to die from a terminal illness.
- Established to not be breathing at 'nature of call' questions.
- No ambulance intervention is required.
- Individual is referred to local care service.

Pathway: PMA3 – Call About Someone Else

Symptom group: SG1188 – Deceased

Symptom discriminator: SD4247 – PC expected death, terminal illness

Disposition: Dx116 – The individual needs to speak to a local service within 6 hours for expected death (no ambulance intervention)

Selected care service: GP



Appendix 2: NHS Pathways FAQs

1. What timeframes will you use when referring patients to services within the community?

The referral timeframes are set by NHS Pathways and cannot be amended by EMAS. The specific timeframe is based on the answers given by the patient/caller in relation to the severity of the patient's condition.

For primary care, there are a number of timeframes that apply: they range from 'contact a primary care service within one hour' to 'speak to GP within three days'.

NHS England is currently reviewing Primary Care dispositions and the scripted referral timeframes, in line with feedback from EMAS and other ambulance services using NHS Pathways.

2. Does the time of the 999 call impact the referral outcome?

Yes. Patients will only be referred to services that are open within the treatment/assessment timeframe specified by NHS Pathways (disposition timeframe). We will only direct patients to their GP practice if the practice is profiled by the NHS Directory of Services as 'open' within the disposition timeframe.

3. Will GPs receive Post Event Messages (PEMs)?

Unfortunately, current national policy, set by NHS England, does not support PEMs to GPs from 999 providers. However, EMAS is working with regional commissioning bodies and national colleagues to lobby for policy change that supports ambulance services using PEMs. We believe this will support joined-up care across the system.

4. What should I do if I think that a patient has been referred inappropriately?

There may be occasions where you feel that a patient was inappropriately referred to your service – if you feel this is the case, please follow the relevant process outlined below.

	Scenario	Response
1	The patient's condition is life-threatening .	Call 999 immediately.
2	You have triaged the patient and they require further assessment or admission to a hospital. Their condition is not life-threatening but requires an urgent response.	Call the Healthcare Professional Line to request a non-emergency vehicle: 0115 9675099



3	An ambulance/urgent response is not required but patient harm is known/suspected.	Contact the EMAS Patient Experience Team urgently to raise a Service to Service Form. Email: emas.pals@nhs.net
4	The patient has been referred on a pathway and no harm to the patient is known/suspected , however a potential concern has been identified.	Contact the EMAS Patient Experience Team to raise a Service to Service Form. Email: emas.pals@nhs.net

END OF BRIEFING