the same time based on previously agreed criteria (the '5 indicators'). Some degree of local flexibility however must be allowed in terms of how local services respond i.e. where resource and demand challenges vary in different parts of the country, and areas where local flexibility is appropriate has been set out in correspondence to the system.

Q. ***There is reference to vulnerable groups such as those suffering from mental health difficulties and that this has been taken into account but it is not clear from the documentation we have as to how this has been considered. It is important this is properly documented to ensure compliance with the Equality Act and the Mental Capacity Act for example. For example will the threshold for clinical involvement in the triaging process be lower where it is clear the caller has mental health issues or impairment as a reasonable adjustment to the process to cater for these exceptionally vulnerable groups?***

Response:

It has been assessed that the triage of mental health concerns are managed with parity to physical health and these remain unchanged in relation to proposed changes to triage cut off - however this is being kept under review. Trusts continue to be expected to comply with the EA and MCA. A more comprehensive formal impact assessment of the changes for these groups has not been completed due to the operational pace of the national pandemic. The issue of vulnerable groups continues to be monitored and discussed at appropriate groups e.g. NASMeD on 2 April.

Q. ***Equally, it is unclear how the concern regarding ensuring that information on calls "not responded to is stored and passed on" has been addressed. It is also not clear whether this concern relates to the logistics of storing the information, appropriately passing it on and reviewing the outcome or whether it relates to data protection concerns about storing the information. Either way, this type of risk should be noted, monitored and mitigated as appropriate.***
    - ***From a patient facing perspective for example, it may be wise for consideration of processes to assure information is passed to patient's GP's when they have been advised to either seek GP advice or self-care***

Response:

All Trusts have 'abandoned call' procedures in place and they should continue to operate as before. This includes continuing to operate processes for vulnerable groups, and where necessary passing on patient information e.g. with GPs, where this is the safe and appropriate course of action. The NACC are receiving daily week-day data from BT which can also enable national analysis of the BT level of triage- to determine whether any issues are arising in relation to calls that do not receive a response and prompting any further action through the NACC.

Q. ***Regarding sickness levels – if it hasn't been, there may need to be consideration of the impact this will have on different disciplines i.e. not just paramedics/responders but also the call centre staff and indeed the clinicians within the Emergency Operations Centres***

Response:

The NACC are monitoring daily national frontline and control room staff sickness absence. Contingency measures are in place for managing key staff group sickness absence and these