



Department
of Health &
Social Care

*From Nadine Dorries MP
Parliamentary Under Secretary of State for Patient Safety,
Suicide Prevention and Mental Health*

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Our Reference: PFD-1207632

Mr Hassan Shah
HM Assistant Coroner, Northampton
Northamptonshire County Council
Coroners Office
One Angel Square, 4 Angel Street
Northampton NN1 1ED

4 May 2020

Dear Mr Shah,

Thank you for your letter of 28 February 2020 to Matt Hancock about the death of Mohan Acharya. I am replying as Minister with responsibility for patient safety.

Firstly, I would like to say how saddened I was to read the circumstances of Mr Acharya's death and I extend my deepest sympathies to his family and those who loved him.

While the inquest into Mr Acharya's death concluded that demand on the emergency department at the Northampton General Hospital at the time of Mr Acharya's attendance and failings in his clinical care did not more than minimally contribute to his death, it is clear that the care and treatment he received was below the high standards of care we expect from the NHS and that the NHS seeks to provide.

We must do all we can to learn from the circumstances of Mr Acharya's death to improve patient safety. I am advised that the Northampton General Hospital NHS Trust has apologised for the failings in the care provided to Mr Acharya. I acknowledge the measures taken by the Trust to improve processes in the emergency department at Northampton General Hospital to reduce patient waiting times and strengthen patient safety. I encourage the Trust to take every opportunity to learn from the circumstances of Mr Acharya's sad death.

We know that shorter waiting times for urgent treatment are key in improving patient experience and patient safety.

Through implementation of the NHS Long Term Plan¹, published in January 2019, the NHS is reforming urgent and emergency care services to ensure patients get the care they need quickly; to relieve pressure on accident and emergency (A&E) departments; and to manage additional demand in winter.

We recognise that the A&E performance standard² is not currently being met and part of the £1.6 billion additional funding that the NHS received in 2018/19 has been used to deliver improvements. NHS England and NHS Improvement (NHSEI) has also made clear that it is committed to ensuring patients receive treatment quickly.

Winter is a particularly demanding time for the NHS and therefore, in 2019, the Government provided £145 million in capital funding to help winter improvements in hospitals. This included upgraded wards and re-developed A&E departments that the NHS expected would bring the equivalent of an additional 900 beds.

Improvements to urgent and emergency care in 2019/20, aimed at reducing pressure on busy A&E departments include:

- Embedding a single, multi-disciplinary, Clinical Assessment Service (CAS³) within integrated NHS 111, ambulance dispatch and GP out of hours services;
- Provision of an Integrated Urgent Care Service⁴, available 24 hours a day, seven days a week and accessible via NHS 111 or online;
- Embedding the Same Day Emergency Care (SDEC)⁵ model in every hospital, in medical and surgical specialties. All hospitals with major A&E departments will provide SDEC services at least 12 hours a day, seven days a week by the end of 2019/20; and,
- Continuing to reduce unnecessary long lengths of stays in hospitals and achieve and maintain an average Delayed Transfer of Care (DTC) figure of 4,000 or fewer delays. This will free up beds and improve patient flow through hospitals, thereby reducing pressure on the transfer of patients from A&E and freeing up capacity.

Finally, in relation to the coronavirus pandemic (COVID-19), patient safety remains our top priority. We have been clear from the outset we expect COVID-19 to have a pronounced effect on the NHS and we are taking extensive steps to bolster the NHS's resilience so

¹ <https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/>

² 95% of all patients to be admitted, transferred or discharged within 4 hours of arrival at A&E.

³ Through a single Clinical Assessment Service (CAS), healthcare professionals working outside a hospital setting, staff within care homes, paramedics and other community-based clinicians will be able to make the best possible decision about how to support patients closer to home, potentially avoiding unnecessary trips to A&E.
<https://www.england.nhs.uk/urgent-emergency-care/nhs-111/next-steps-for-nhs-111/>

⁴ <https://www.england.nhs.uk/urgent-emergency-care/nhs-111/next-steps-for-nhs-111/>

⁵ SDEC is the provision of same day care for emergency patients who would otherwise be admitted to hospital.
<https://improvement.nhs.uk/resources/same-day-emergency-care/>

that dedicated NHS staff can continue to provide the best possible care for those who need it most.

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

A handwritten signature in blue ink, appearing to read 'ND', with a long horizontal flourish extending to the right.

NADINE DORRIES