



Department
of Health &
Social Care

From Edward Argar MP
Minister of State for Health

39 Victoria Street
London
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[REDACTED]

Andrew Bridgman
HM Assistant Coroner, Greater Manchester South
Coroner's Court
1 Mount Tabor Street
Stockport
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20th May 2021

Dear *Mr Bridgman,*

Thank you for your letter of 2 February 2021 to Matt Hancock about the death of Cyril Cheetham. I am replying as Minister with responsibility for urgent and emergency care and I am grateful for the additional time in which to do so.

First, I would like to express my condolences to the family of Mr Cheetham. I was saddened to read the circumstances of Mr Cheetham's death and the omissions in care identified by your investigation. Clearly, we must take the learnings from Mr Cheetham's death to ensure patients continue to receive the very best care from the NHS.

In preparing this response, my officials have made enquiries with NHS England and NHS Improvement (NHSEI).

It may be helpful if I begin by explaining that the planning and commissioning of local health services in England is the responsibility of clinical commissioning groups (CCGs), which have the knowledge of their local population healthcare needs and can design services to meet those needs. This includes out-of-hours services. It is the responsibility of CCGs to monitor and assure the delivery of services in line with agreed service specifications.

I am advised that the Stockport CCG has provided a response to you explaining the regular contract monitoring that is in place with Mastercall, the provider of the 'Alternative to Transfer' (ATT) service, and confirming that no significant concerns have been identified by the CCG. I am further advised that clear guidance is in place in relation to the patients that meet the criteria for the service and that calls to the service are triaged by senior clinicians.

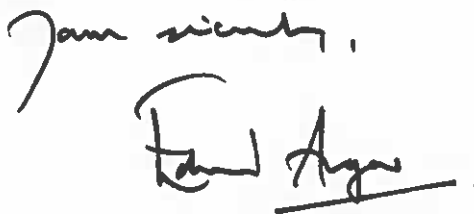
Nevertheless, I am pleased to be informed that Mastercall has undertaken to conduct a full audit of the ATT service to ensure it is delivering high-quality, safe services to patients. In

addition, to provide more immediate assurance, all calls to the ATT service are being reviewed.

You may wish to note that in March 2020, the NHS published a framework for delivering enhanced health in care homes¹. This set out that people living in care homes should have equity of access to the urgent and emergency care system as people living in their own homes. Every care home should be linked to these teams through single points of access and through sharing care plans and protocols with these teams, including: GP in-hours services; GP extended access services; GP out-of-hours services; NHS 111; Urgent Community Response; and, the local ambulance service. The framework is clear that when hospital admission is indicated, this should be facilitated promptly.

Urgent Community Response teams will respond to people with complex health needs who have a very urgent care need, including the risk of being hospitalised, and will be able to access a response from a skilled team of professionals within two hours to provide the care they need to remain independent. The two-hour standard is expected to be in place across England by April 2023.

The Enhanced Health in Care Homes requirements have been of vital importance during the COVID-19 pandemic, supporting the organisation and delivery of a coordinated service to care home residents, many of whom are at very high risk of a severe negative impact (directly or indirectly) from COVID-19.

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

EDWARD ARGAR MP

¹ [the-framework-for-enhanced-health-in-care-homes-v2-0.pdf \(england.nhs.uk\)](#)