Department of Health & Social Care

From Maria Caulfield MP
Minister for Care & Patient Safety,

39 Victoria Street
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[redacted]

[redacted]

Alison Mutch
HM Senior Coroner
HM Coroner's Office Manchester South
Coroner's Court
1 Mount Tabor Street
Stockport
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18 March 2022

Dear Ms Mutch,

Thank you for your letter of 22 October 2021 about the death of Serena Roberts. I am replying as Minister with responsibility for Primary Care and Patient Safety, and am grateful for the additional time allowed for me to do so.

Firstly, I would like to say how saddened I was to read of the circumstances of Serena Robert's death and I offer my sincere condolences to her family and loved ones. The circumstances your report describes are very concerning and I am grateful to you for bringing these matters to my attention.

COVID-19 has placed an unprecedented strain on the NHS and the country. During the peak of the pandemic in the first wave, we focussed on caring for COVID-19 patients while also prioritising urgent treatments like surgery for cancer and other lifesaving operations. To prevent the NHS from becoming overwhelmed and ensure it could deliver the essential services needed to deal with COVID-19, NHS England and NHS Improvement (NHSE&I) issued guidance to postpone all non-urgent elective activity for three months.

I recognise, however, that this step resulted in a cancelled and postponed appointments and procedures, including patients waiting for gynaecology investigation and treatment. I appreciate this must have had a significant impact on people across the country, many of whom were experiencing pain or anxiety whilst waiting.

Since then, the NHS has been working hard to step up elective activity to above pre-pandemic levels. Every effort is being made to deliver as much care and treatment as possible, as quickly as possible. Looking at the data over the pandemic up until October 2021, which is the latest published data available, we can see that between March 2020 and October 2021, there were 3.8 million urgent referrals and over 900,000 people starting cancer treatment. NHS staff have worked hard to maintain cancer treatment at 97% of pre-pandemic levels in October 2021. When compared to October 2020, diagnostic activity across the NHS had increased by 12% in October 2021. However, the number of gynaecology patients waiting less than 18 weeks from referral to treatment had unfortunately decreased to 63.6%, from 69.3%.

Despite progress being made in some areas, I share your concerns regarding the growing elective waiting list, including gynaecology. The returning levels of pre-pandemic demand as we begin to recover from the pandemic has been resulting in increased pressures on

emergency care and non-urgent elective activity. This has been further impacted by the wave of Omicron.

It is an absolute priority of this Department and the Government to work with the NHS to tackle long waiting lists and reduce waiting times across all treatment areas. To do this, as we move forward, we are committing £2 billion this year (2021-22), to start to tackle the backlog. In addition, the Government plans to spend more than £8 billion in the following three years from 2022-23 to 2024-25 to step up elective activity and transform services. This funding could deliver the equivalent of around nine million more checks, scans and procedures.

At the October 2021 Spending Review the Government announced an extra £5.9 billion of capital to support elective recovery, diagnostics, and technology over the next three years. This will benefit patients across the NHS, including gynaecology patients. It includes £1.5 billion towards elective recovery to expand capacity through new surgical hubs. This funding will also be used to drive efficiency by reconfiguring the estate to improve patient flow, minimising length of patient stay.

To help increase the volume of diagnostic activity and further reduce patient waiting times, the funding package also includes £2.3 billion to help roll out at least 100 Community Diagnostic Centres by 2024-25 and help clear backlogs of people waiting for clinical tests, such as MRIs, ultrasounds, and CT (Computerised Tomography) scans. This increase will allow the NHS to carry out 4.5 million additional scans by 2024-25, enhancing capacity and enabling earlier diagnosis including for cancer. This is in addition to the £325 million capital funding already committed this year to improve NHS diagnostics.

You may also wish to know that women's health is part of the GP trainee curriculum. As such, each clinician has an ongoing responsibility for continuing professional development as part of the appraisal and revalidation process. This includes being familiar with the relevant national guidance such as NICE's guidance on investigation and management of menstrual bleeding[1]. With regard to referral information, this is partly guided by national guidance but may also be guided by local agreements on referral criteria and referral proformas.

NHS Digital develops and maintains the NHS e-Referral Service (e-RS) which is a digital advice and referral management tool. The e-RS platform allows professional users to seek further clinical opinion or make a referral and provides an easy way for patients to choose their first hospital or clinic appointment with a specialist. Bookings can be made online, using the telephone, or directly in the GP surgery at the time of referral if the receiving service allows.

The e-RS provides functionality for referrers to define the priority of the referral they are making. To make a referral, the user must complete the mandatory "priority type" field choosing from a drop-down list of 2WW, Urgent and Routine. e-RS does not provide functionality to alert referrers where a referral requires escalation. Whether a referral requires escalation would be a clinical decision. However, e-RS does allow the referrer to view the progress of the referral through a range of worklists.

[1] https://www.nice.org.uk/guidance/ng88

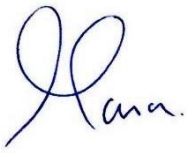
Once a referral has been made, the referrer is able to view the progress of the referral in two ways:

- Using the Patient tab, the referrer can search by using a Unique Booking Reference Number or the patient's NHS number to access the Patient Activity List which will reveal the status of all of the patient's referrals.

- Using the View History option for any specific referral, the referrer can see all actions taken on the particular referral, when they were carried out and who performed the action.

Either of the above options would have allowed the referrer/team to monitor the status of the patient's referral, while it remained within e-RS. Once part of a referral pathway is taken out of e-RS (for example, to be managed on a local system), then visibility of that referral through e-RS ceases.

I hope this response is helpful.



MARIA CAULFIELD MP

PARLIAMENTARY UNDER SECRETARY OF STATE
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