



Department
of Health &
Social Care

*From Helen Whately MP
Minister of State for Care*

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[REDACTED]

Ms Katrina Hepburn
Area Coroner, for the coroner area of Central & South East Kent
Coroner Service Team
Oakwood House
Oakwood Park
Maidstone
ME16 8AE

[REDACTED]

4 April 2024

Dear Ms Hepburn,

Thank you for your letter of 7 June 2022 to the Department of Health and Social Care, regarding the death of Daniel Ludlam. I am replying as Minister with responsibility for urgent and emergency care. Please accept my sincere apologies for the significant delay in responding to this matter. I would like to assure you that the department is mindful of the statutory responsibilities in relation to prevention of future deaths reports and we are prioritising responses as a matter of urgency.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Ludlam's death, and I offer my sincere condolences to his family and loved ones. It is of course vital that we take learnings where they are identified to improve NHS care and I am grateful to you for bringing these matters to my attention.

The cause for concerns raised in the report were around the NHS Pathways triage system, and in particular for patients with a learning disability. I recognise that NHS Pathways is a system to assess a patient's clinical presentation, and requires well trained and highly competent system users to elicit the most effective outcome for patients. I am aware that [REDACTED] in her capacity as Clinical Director of NHS Pathway, NHS Digital, has provided a thorough response to your Regulation 28 report. I do hope that as an executive non-departmental public body, sponsored by the Department of Health and Social Care, the response has addressed each of your concerns to prevent future deaths.

With reference to your first concern around the system not taking into specific account of patients who have not been able to understand questions asked, I would like to assure you that all health advisors and clinicians are trained on engaging with people with learning disabilities and this forms part of core training. NHS Pathways staff are monitored against the competency framework so staff competency is checked on an ongoing basis.

NHS Pathways enables an assessment of a patient's current clinical presentation along with the means to adapt the process where standard triage might not be appropriate, such as for patients with learning difficulties. 'Early Exit' is one of the elements of functionality that enables deviation from a standard triage with other options such as a route for patients with known health issues who have a care plan in place and the 'not sure' option where the caller hasn't been able to give a definitive response despite probing.

You raised concerns about future callers with learning disabilities without a carer present to assist with the interpretation of the questions and to advocate on their behalf, in this case the protocol for the health advisor would be to 'Early Exit' and a clinician would take over the call. A clinician can then make a judgment, based on a framework of clinical accountability, about next steps for the patient.

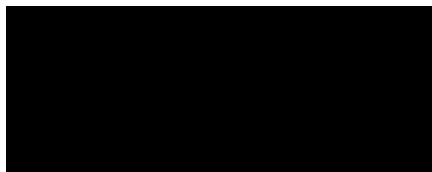
More broadly, I recognise the pressures A&E and ambulance services are facing. Last January we published our ambitious Delivery plan for recovering urgent and emergency care services to drive sustained improvements in urgent and emergency care waiting times. Our ambitions for this year are to improve A&E waiting times to 78% of patients to be admitted, transferred, or discharged from A&E within four hours, including to reduce Category 2 ambulance response times to 30 minutes across this fiscal year.

Your report highlights that SECamb was under high demand at the time of the incident. A primary aim of our recovery plan is to boost ambulance capacity. Ambulance services received £200 million of additional funding in 2023/24 to expand capacity and improve response times, and we are maintaining this additional capacity in 2024/25. This is alongside the delivery of new ambulances and specialist mental health vehicles. With more ambulances on the road, patients will receive the treatment they need more swiftly.

At a national level, we have seen significant improvements in performance this year compared to last year. In winter 2023-24, average Category 2 ambulance response times (including for serious conditions such as heart attacks and strokes) were over 12 minutes faster compared to the same period last year, a reduction of nearly 25%. SECamb average Category 2 response times were over 5 minutes faster compared to the same time period last year, a 16% reduction.

I hope this response further reassures you of the work undertaken. Thank you for bringing these concerns to my attention.

Yours,

A solid black rectangular box used to redact the signature of Helen Whately.

HELEN WHATELY