



Department
of Health &
Social Care

Ms Alison Mutch
HM Senior Coroner
Coroner's Court
1 Mount Tabor Street
Stockport
SK1 3AG

4th April 2023

Dear Ms Mutch,

Thank you for your letter of 17 August 2022 about the death of Mr Philip Jones. I am replying as Minister with responsibility for Health and Secondary Care, and thank you for the additional time allowed.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Jones's death, and I offer my sincere condolences to his 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.

In preparing this response, Departmental officials have made enquiries with NHS England, Health Education England, and the Care Quality Commission (CQC).

The pandemic has put enormous pressures on the NHS, with elective waiting lists growing to nearly 7.2 million patients, however, we remain committed to ensuring people get the right care at the right time. 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 issued guidance to postpone all non-urgent elective activity for three months.

I recognise, however, that this step resulted in a large number of cancelled and postponed appointments and procedures, including patients waiting to see a neurology specialist. I appreciate this must have had a significant impact on a huge number of people across the country, many of whom were experiencing pain or anxiety whilst waiting. While every effort was taken to deliver as much NHS activity as possible, there have undoubtedly been unfortunate and tragic consequences as a result of the pandemic. Indeed, in subsequent COVID-19 waves and in the winter of 2021-22, every effort was made by the NHS not to pause planned treatment.

That is why the NHS is working tirelessly to reduce the backlog of planned treatment. In February 2022, the NHS published its Delivery Plan for Tackling the COVID-19 Backlog of Elective Care.¹ This plan sets out the action that will be taken and is already underway to support the healthcare system in England as it recovers from the disruption caused by the pandemic, as well as to deliver the necessary reforms that are important to the NHS's long-term future. In order to support elective recovery, the Government plans to spend more than £8 billion from 2022-23 to 2024-25, in addition to the £2 billion Elective Recovery Fund, and £700 million Targeted Investment Fund already made available to systems last financial year to help drive up and protect elective activity.

I also note your concern about the shortage of neurological clinicians. We have increased the size of the NHS workforce over the last decade and this growth continues to be a key focus to ensure we meet the rise in demand for health and care services. Looking at the workforce of the future, the Department has commissioned Health Education England to work with system partners and review long term strategic trends for the health and regulated social care workforce, and have commissioned NHS England to develop a long-term workforce plan.

In response, Health Education England are leading and driving a system-wide effort to mitigate the impact of the pandemic on the significant NHS care backlog across regions through the Training Recovery programme established in April 2021. This includes: effective planning to utilise the trainee workforce, recognising their breadth of experience and capability, and offering training opportunities while doing so; working through regional and local teams to identify additional post capacity and to optimise training opportunities to reduce the number and duration of any extensions to training that would slow down the progression to consultant; the Postgraduate Medical Training Recovery Programme, that will safeguard the continuous supply of the medical workforce and ensure that the content and product of postgraduate medical education and training responds to the current and future needs of patients and local communities.

I also note your concern that incompatible IT systems between the hospitals in question made communication and information sharing in relation to Mr Jones's treatment more difficult, as did the delay in the consultants communicating with other clinicians, including GPs, and as well as the patients themselves. I recognise that there needs to be adequate administrative support and greater use of digital technology to assist healthcare workers in completing non-clinical tasks, and that could increase the time they can spend caring for patients. This would provide a better patient experience and, ultimately, improve health outcomes. With new technologies based on Artificial Intelligence and automation, as well as those we recognise more from our daily lives like video calls, we are building a digital infrastructure that will ensure the NHS is at the cutting edge of progress for years to come.

You may wish to note that the Spending Review, announced in Autumn 2021, included £2.1 billion to modernise digital technology on the frontline to improve cyber security, improve the NHS's use of data, and redesign care pathways. As well as a funding

¹ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2022/02/C1466-delivery-plan-for-tackling-the-covid-19-backlog-of-elective-care.pdf>

boost, the Government and NHS England published its Plan for Digital Health and Social Care in June 2022.² This plan includes:

- *Digitising health and social care records* - all integrated care systems (ICSs) and their NHS trusts are aiming to have core digital capabilities, including electronic health records, in place by March 2025.
- *A life-long, joined up health and social care record* – by March 2025, all clinical teams in an ICS will have appropriate access to a complete view of a person's health and social care record that they can contribute to. Non-clinical staff in social care settings will also be able to access appropriate information and input data into digital records in real time.
- *Digitally-supported diagnoses* – new diagnostics capacity is being developed to enable image-sharing and clinical decision support based on Artificial Intelligence. These technologies support testing at or close to home, streamlining of pathways, triaging of waiting lists, faster diagnoses and levelling up under-served areas.

This will ultimately mean that GPs, as well as other treating clinicians, will have greater access to a complete patient record and be able to communicate treatment plans and outcomes to patients in a more timely and comprehensive way.

Finally, the CQC has confirmed that they continue to monitor safety and performance at both the Northern Care Alliance Trust and the Tameside and Glossop Integrated Care NHS Foundation Trust, through the analysis of data and intelligence and through regular engagement.

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

Yours sincerely



**WILL QUINCE MP
MINISTER OF STATE FOR HEALTH**

² <https://www.gov.uk/government/publications/a-plan-for-digital-health-and-social-care/a-plan-for-digital-health-and-social-care>