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Manchester South Coroner's Court
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[redacted]

National Medical Director
NHS England
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22 January 2024

Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – Anthony Eric Williams who died on 28 April 2023.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 1 December 2023 concerning the death of Anthony Eric Williams on 28 April 2023. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Anthony's family and loved ones. NHS England are keen to assure the family and the coroner that the concerns raised about Anthony's care have been listened to and reflected upon.

In your Report you raised the concern that there was a national shortage of specialist scanning facilities which could cause delays to cancer diagnosis and successful treatment, that there were delays to compliance with the two-week cancer pathway and accessing cancer treatments, all of which can impact on treatment outcomes.

In August 2023, NHS England published the Image report turnaround time guidance available here: NHS England » Diagnostic imaging reporting turnaround times. The guidance sets out the maximum turnaround times from referral for a number of imaging services, including position emission tomography CT scans (PET CT). The turnaround times for PET CT scans for outpatient cancer pathway diagnosis is three days.

The guidance includes caveats for sufficient availability of workforce as the numbers of reporting staff (radiologists and reporting radiographers) are not increasing in line with demand. We are supporting Trusts to increase reporting capacity by increasing the number of reporting radiographers and radiologist trainees per financial year, international recruitment initiatives and workforce demand and capacity planning tools.

In August 2022, NHS England published the Delivery plan for tackling the COVID-19 backlog of elective care. The plan sets out how NHS intends to recover elective care (which includes cancer pathways) over three years with one of the ambitions including ensuring that 95% of patients who need diagnostic tests receive them within six weeks of referral. To do this, we have committed to patients having more convenient access to diagnostic procedures and tests, by developing a network of diagnostic hubs across England. The plan is supported by a government spend of £8 billion, and this includes £2.3 billion to help increase the volume of diagnostic activity and reduce patient waiting times through the roll out of at least 100 community diagnostic centres to help clear backlogs of people waiting for tests such as MRI, ultrasound and CT scans.

A further follow-up letter setting out Elective Care 2023/24 priorities was sent to NHS acute Trusts in May 2023, and Integrated Care Boards were asked in April 2023 to ensure that they were taking steps to prioritise diagnostic capacity for urgent cancer pathways: NHS England » Prioritising new diagnostic capacity for cancer services. The ambitions of the elective care of the recovery plan will be reiterated in the NHS Planning Guidance for 2024/25 which sets out the national objectives for the year. This has not yet been published but is expected February 2024.

In June 2023, NHS England also published the NHS Long Term Workforce Plan, in response to the current lack of sufficient workforce. The plan sets out how we will train, retain and reform healthcare staff across the NHS over the next fifteen years, and is underpinned by the biggest recruitment drive in NHS history which will further improve service capacity and delivery.

As part of the NHS reform of cancer standards, it was announced in August 2023 that cancer targets would be consolidated into three key standards:

- the 28-Day Faster Diagnosis Standard (FDS) which means patients with suspected cancer who are referred for urgent cancer checks from a GP, screening programme or other route should be diagnosed or have cancer ruled out within 28 days. This supersedes the two-wait (2WW) standard.
- the 62-day referral to treatment standard which means patients who have been referred for suspected cancer from any source and go on to receive a diagnosis should start treatment within 62 days of their referral.
- the 31-day decision to treat to treatment standard which means patients who have a cancer diagnosis, and who have had a decision made on their first or subsequent treatment, should then start that treatment within 31 days.

The FDS includes a non-specific symptom pathway to cover the cohort of patients who do not fit clearly into a single 'urgent cancer' referral pathway, but who may be at risk. Non-specific symptoms will include abdominal pain such as that experienced in Anthony's case. It is the aim that by March 2024 all patients with non-specific symptoms will be referred via a non-specific symptom pathway.

The Faster Diagnosis Framework provides further information if required. In April 2023, NHS England also published Implementing a timed colorectal cancer diagnostic pathway guidance for local health and care systems.

NHS England has also engaged with Greater Manchester Integrated Care Board on some of the elements of Anthony's care. We are advised that Tameside and Glossop Integrated Care NHS Foundation Trust have reviewed Anthony's care and treatment and have found no requirement for further investigation into diagnosis or subsequent intervention. It is noted both by the Trust and by NHS England cancer specialists that Anthony's cancer unfortunately took an unusually aggressive course.

In Tameside, there is a system-wide Cancer Improvement Programme which focusses on delivering improved pathways in line with the national priorities. Faster Diagnosis is one of these national priorities and fundamental to achieving the NHS Long Term Plan (LTP) ambitions for cancer. Performance for all cancer waiting time standards is monitored on a monthly basis at an executive led Cancer Improvement Board. This

Board also has oversight of a Cancer recovery plan to support delivery of the national waiting time targets and the long-term plan priorities.

One of the key elements of improving access to diagnostics for colorectal cancer is the faecal immunochemical test (FIT) which is used as a screening test for colon cancer. It tests for hidden blood in the stool, which can be an early sign of cancer. FIT only detects human blood from the lower intestines. FIT testing reduces the number of patients having to undergo unnecessary invasive diagnostic testing and reduce the waiting times for diagnosis of suspected cancer, as this test is initiated by the GP at first appointment alongside any referral. The outcome of the FIT test ensures patients are seen under the right pathway in secondary care.

The Trust are also increasing capacity to diagnostic tests for the local population through a planned Community Diagnostic Centre (CDC) which will provide additional capacity in a community setting for patients in Tameside and Stockport. This is additional capacity to the existing hospital sites and therefore will provide around 130,000 additional tests for the population. The centre will offer MR scans, CT scans, Dexa scans, ECG, Phlebotomy and Spirometry and will be live in early 2024. The CDC will focus on early testing for respiratory disease, cardiovascular disease, cancer, and mental health issues and will help to ensure patients have access to these tests sooner.

In addition, as part of the £16,000,000 Emergency Department redevelopment at the Tameside Hospital site, additional scanning facilities are being included in the build to ensure there is more capacity available at the hospital site in both the emergency department setting and for planned diagnostics on elective and cancer pathways.

I would also like to provide further assurances on national NHS England work taking place around the Reports to Prevent Future Deaths. All reports received are discussed by the Regulation 28 Working Group, comprising Regional Medical Directors, and other clinical and quality colleagues from across the regions. This ensures that key learnings and insights around preventable deaths are shared across the NHS at both a national and regional level and helps us pay close attention to any emerging trends that may require further review and action.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,

Medical Director for Professional Leadership and Clinical Effectiveness

NHS England