Department of Health & Social Care

From Minister Karin Smyth MP
Minister of State for Health

39 Victoria Street
London
SW1H 0EU

Our ref: [redacted]

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

11 September 2024

Dear Alison,

Thank you for the Regulation 28 report of 17 July sent to the Department of Health and Social Care about the death of Ms Lorraine Julia Procter. I am replying as the Minister of State for Health with responsibility for elective care.

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

The report raises concerns around the significant backlogs for elective cardiology appointments – both at the area in question (Greater Manchester) and nationally. The inquest was told reasons for this backlog included demand, resources available, covid backlogs and the impact of strike action.

I want to assure you that tackling waiting lists is a top priority for this government, as we work to get the NHS back on its feet. We have committed to achieving the NHS Constitutional standard that 92% of patients should wait no longer than 18 weeks from Referral to Treatment (RTT), by the end of this parliament.

This government will also change the NHS so that it becomes not just a sickness service, but able to prevent ill health in the first place. A focus will be on ensuring fewer lives are lost to the biggest killers and reducing deaths from heart disease and stroke by a quarter within ten years.

The report raised the specific concern that patients referred for first cardiology appointments from primary care were often waiting in excess of 40 weeks for a first specialist appointment, and in particular, as in this case, that existing cardiology patients are also experiencing unacceptably long waits for follow up appointments.

We recognise that it is unacceptable that some patients are waiting over 40 weeks for cardiology first appointments and too long for post treatment follow ups. NHS England (NHSE) is taking forward a programme of work to transform outpatient services, to ensure that patients can be seen more quickly and give patients more choice and flexibility about their treatment. The NHS and Department are also providing additional regional and national

support and scrutiny to the most challenged trusts with the largest backlogs, including Manchester University NHS Foundation Trust, and continue to work towards the target in NHSE's 24/25 planning guidance to eliminate waits of over 65 weeks by September 2024.

In preparing this response, Departmental officials made enquiries with NHSE in order to attain a more detailed response at local level, and both NHSE and Greater Manchester Integrated Care Board (ICB) provided the below responses:

NHSE's Cardiac Transformation Programme aims to improve heart health and healthcare outcomes by utilising a whole pathway approach to transformation, working jointly across directorates to drive improvement in an integrated way. To support the work at a local level, 15 cardiac networks were established across England in 2021 with the following aims in relation to heart health/cardiac care:

- Overall, reduced CVD mortality
- Improved focus on preventative and proactive care, particularly through better management of blood pressure in general practice
- Better quality and safety of care across the pathway
- Restored services and reduced waits, particularly for cardiology and cardiac surgery in trusts
- Better experiences of care across the pathway
- More equitable access, particularly for specialised care
- More sustainable costs

Cardiovascular disease or CVD is a general term for conditions affecting the heart or blood vessels and includes angina, heart attacks, strokes, and heart failure. CVD has been identified as the single biggest area where our NHS can save lives over the next 10 years. Not only does it contribute to the gap in life expectancy between the rich and poor, it is also the leading cause of premature death and health inequalities across Greater Manchester (GM) where heart and circulatory diseases will kill more than 1 in 4 people.

NHS Greater Manchester (GM) ICB has a CVD prevention plan which can be found at Greater-Manchester-Recovery-and-Prevention-Plan_final.pdf (england.nhs.uk) and is based on the National CVD Prevention Recovery Plan 2022 with a view to empowering clinicians, non-clinical partners, patients, and communities to work together to prevent CVD by providing alignment and co-ordination across different parts of the system.

Positive progress is being made on waiting times to access cardiac services and related diagnostic tests. However positive progress in relation to early detection and timely referral of patients at risk of CVD has increased demand on tertiary specialist referrals and related diagnostic tests. Progression of the NHS GM CVD Prevention Plan remains a key priority for NHS GM.

Greater Manchester holds the largest proportion of cardiac waits across England and have significant challenge with Priority 2 (high priority but not emergency – can safely wait up to 4 weeks) categorised patients. Manchester Foundation Trust cardiology serves approximately 3.3 million people across GM over 5 sites providing level 1-4 cardiology care.

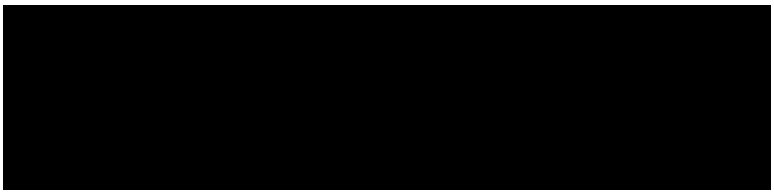
There has been some success in transferring Elective cardiology procedures from Manchester Royal to Wythenshawe to reduce wait times, but there has been limited wider success in agreeing transfers (known as mutual aid) elsewhere.

Learning from incidents has identified the need to improve process for intake of referrals to ensure patients are not lost to follow-up and ensure that communication after clinic appointments is robust so all clinical teams are aware of management plans. Patients should be better informed of the symptoms of heart valve disease and know their options should they experience these symptoms, including informing the cardiac nurse specialist, a hospital ED admission, or use of a helpline.

Local plans to prevent such incidents are in place, including reviews of waiting lists, reprioritisation of long waits, and ongoing escalation of deterioration for clinical review and/or incident reporting.

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

Yours sincerely,



KARIN SMYTH MP