



Department
of Health &
Social Care

Minister of State for Health (Secondary Care)

39 Victoria Street
London
SW1H 0EU

Our ref: [REDACTED]

HM Coroner Heidi Connor
Coroner's Office
Reading Town Hall
Blagrove Street
Reading
RG1 1QH

By email: [REDACTED]

12 February 2024

Dear Ms Connor,

Thank you for the Regulation 28 report of 19 December 2024, sent to the Secretary of State for Health and Social Care, about the death of Andrew Michael Lewis. I am replying as the Minister with responsibility for urgent and emergency care.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Lewis' death and I offer my sincere condolences to his family and loved ones. The information your report provides are concerning and I am grateful to you for bringing these matters to my attention.

The report raises concerns over long ambulance response times, the ongoing operational pressures experienced by South Central Ambulance Service, ambulance handover delays at hospitals, the oversight of Prevention of Future Death reports and issues with ambulance trusts responding to reports.

In preparing this response, my officials have made enquiries with NHS England to ensure we adequately address your concerns. I understand that NHS England, as the appropriate body, will be responding to your concern raised on the response to prevention of future death reports sent to individual ambulance trusts.

The Government is clear that patients should expect and receive the highest standard of service and care from the NHS. The Government also accepts that the NHS's urgent and emergency care performance has been below the high standards that patients should expect in recent years. I also recognise that the number of reports being raised by coroners in relation to ambulance response times is concerning. I would like to assure you that the Government is committed to getting ambulance response times back to the NHS Constitutional standards.

We have been honest about the challenges facing the NHS and we are serious about tackling the issues; however we must be clear that there are no quick fixes.

To start with, in the Autumn Budget, the Government announced an extra £22.6 billion in day-to-day spending in 2025/26 for the NHS compared to 2023/24, to help deliver 40,000 extra appointments a week and cut NHS waiting times. An additional £3.1bn further capital investment over 2 years will provide the highest real-terms capital budget since before 2010.

We recognise that investment alone won't be enough and are determined that it must go hand in hand with fundamental reform. On 5 December 2024, the Government published the Plan for Change (available here: <https://www.gov.uk/government/publications/plan-for-change>), that set the mandate for the direction of change with clear milestones in five national missions, including building an NHS that is fit for the future.

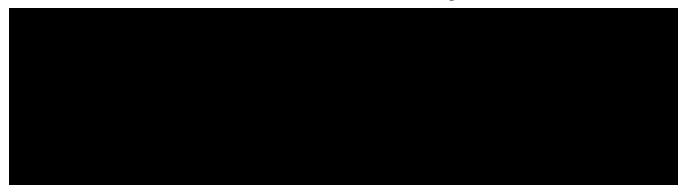
On 30 January 2025 the Government published 'Road to recovery: the government's 2025 mandate to NHS England', that clearly set out delivery instructions for the NHS through the prioritisation of five key objectives aimed at driving reform within the NHS. Improving A&E and ambulance wait time was a prioritised objective in the mandate to specifically address the current challenges facing urgent and emergency care. On the same day NHS England published the 2025-26 planning guidance that contained the operational delivery detail for local NHS systems. The planning guidance included an implementation target for improving the average Category 2 ambulance response times to no more than 30 minutes across 2025-26, and practical actions focused on reducing avoidable ambulance dispatches and conveyances and ambulance handover delays.

In Spring 2025, to accompany the additional investment in the NHS, the Government will publish its 10-Year Health Plan which will set out the radical reforms for the NHS. The health plan will focus on ensuring three big reform shifts in the way our health services deliver care. First, from 'hospital to community' to bring care closer to where people live. Second, from 'analogue to digital' with new technologies and digital approaches to modernise the NHS, and third from 'sickness to prevention' so people spend less time with ill-health by preventing illnesses before they happen. The reforms will support putting the NHS on a sustainable footing so it can tackle the problems of today and the future.

In addition, by this Spring we will also set out the lessons learned from the pressures on urgent and emergency care services this winter and the improvements that we will put in place to improve services ahead of next winter.

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

Yours sincerely,



MINISTER OF STATE FOR HEALTH