





Department
of Health &
Social Care


*Parliamentary Under-Secretary of State for
Women's Health and Mental Health*

*39 Victoria Street
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Nick Armstrong
Assistant Coroner
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19 December 2025

Dear Mr Armstrong,

Thank you for your Regulation 28 report to prevent future deaths dated 25th October 2025, about the death of Patricia Genders. I am replying as the Minister with responsibility for mental health and I am grateful for the additional time you have allowed for me to do so.

Firstly, I would like to say how saddened I was to read of the circumstances of Patricia's death and I offer my sincere condolences to her 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. We recognise there are fundamental problems in NHS mental health services and, although the government has already taken significant steps to stabilise and improve this, we know there is still much more to do.

Your report raises concerns addressed to the Department regarding the following points: a need to strengthen the 111 and Blue Light Line services so that calls are answered and people are diverted to better places where such places are available; an improved 24/7 crisis response to deal with those who present at A&E out of hours; and a need to increase in the short term the number of mental health beds available in the independent sector. This would be to provide beds and alleviate flow pressures whilst longer term, systemic change, embeds.

In relation to strengthening the 111 and Blue Light Line services, I understand you were informed that only about half of the calls are answered. We are working hard to ensure those experiencing mental health crisis receive swift care in the most appropriate setting and we have made substantial progress, including introducing the mental health option via NHS 111 and expanding 24/7 liaison mental health teams to all general acute hospitals.

The introduction of a 'mental health' option when calling NHS 111 provides a crisis mental health triage service for individuals who require urgent mental health support. To supplement the NHS 111 mental health crisis triage service, we are also deploying mental health professionals in 999 call emergency operation centres and clinical assessment services to ensure people experiencing a mental health crisis are directed towards appropriate services. We continue to increase mental health expertise for ambulance

services including ensuring that mental health professionals are embedded in all emergency operation centres and improve training for ambulance staff to enable effective response to those in mental health crisis.

Your second recommendation highlighted the need for improved 24/7 crisis response, to deal with those who present at A&E out of hours. Our 10 Year Health Plan sets out ambitious plans to create up to 85 mental health emergency departments as alternatives to A&E for people in crisis and transform neighbourhood mental health services to shift the focus from hospital to community.

There has also been investment into a range of wider local mental health urgent and emergency care infrastructure schemes, including:

- o new and improved crisis cafes,
- o crisis houses,
- o health-based places of safety,
- o improvements to emergency departments and crisis lines.

Funding has also been provided for specialised mental health ambulances which are being rolled out across the country. The mental health vehicles will be staffed by both physical and mental healthcare professionals trained to deliver support on-scene or to transfer people to the most appropriate place for care.

More broadly, our Urgent and Emergency Care Plan for 2025/26 focuses on those improvements that will see the biggest impact on UEC performance. This includes reducing A&E waiting times to have at least 78% of A&E patients being admitted, transferred or discharged within 4 hours by March 2026. The plan is backed by almost £450 million of capital investment to expand Same Day Emergency Care and Urgent Treatment Centres to avoid unnecessary admissions to hospital and support the diagnosis, treatment and discharge on the same day for patients.

Regarding your concern on a need for an increase in the number of mental health beds available in the independent sector. Individual trusts and local health systems are responsible for effectively assessing and managing local bed capacity through the 'flow' of patients being discharged or moving to another setting. The NHS Operational Planning Guidance for 2025-26 contains fewer targets across the board to focus on the fundamentals of good care. It sets a requirement for Integrated Care Boards to take action to reduce the average length of stay in adult acute mental health beds, improving local bed availability and reducing the need for inappropriate out of area placement, and to reduce waits longer than 12 hours in A&E.

Over the period 2026/27 to 2028/29, integrated care boards have been asked to drive real productivity gains including reducing the average length of stay in adult acute mental health beds, through the recently published Medium Term Planning Framework.

I hope this response is helpful and reassures you that we are working to address your concerns. NHSE will be providing a separate response, which will address specific issues in relation to this case. Thank you again for bringing these concerns to my attention.

All good wishes,

