



Department
of Health &
Social Care

Minister of State for Health (Secondary Care)

39 Victoria Street
London
SW1H 0EU

Our ref: [REDACTED]

Linda Lee, HM Acting Area Coroner, Coventry

By email: [REDACTED]

20 April 2026

Dear Ms Lee

Thank you for the Regulation 28 report of 4th March 2026 sent to the Secretary of State / the Department of Health and Social Care about the death of Roman Louie Barr. I am replying as the Minister with responsibility for Health.

Firstly, I would like to say how saddened I was to read of the circumstances of Roman'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 over the continued pressure caused by prolonged ambulance handover times at local hospitals which reduced emergency capacity to respond in the community, risk of patient's family transporting Roman to hospital themselves and clarity of NHS Pathways triage wording. NHS England will reply separately on other concerns in your report.

DHSC and NHSE actions

Improving handover and ambulance responses

NHS England and the Department of Health and Social Care recognise the ongoing pressures across urgent and emergency care, including ambulance services. To improve the quality and timeliness of patient care, the Department of Health and Social Care and NHS England published the 2025/26 Urgent and Emergency Care Plan (June 2025) and the 10-Year Health Plan for England: Fit for the Future (July 2025). These set out key system priorities:

- reducing ambulance response times
- eliminating handover delays over 45 minutes and ending corridor care
- improving hospital flow and discharge
- expanding urgent care access across primary, community, and mental health settings

Over £450m of capital investment last year supported expansions to urgent and emergency care capacity, including new and expanded Same Day Emergency Care (SDEC) and Urgent Treatment Centres (UTCs), connected care records for ambulance services, and nearly

1000 replacement ambulances by March 2026. The plans committed to shifting focus from treatment to prevention, reducing pressure on urgent and emergency care.

To ensure timely patient care and release ambulances back into the community, the plan mandated the “Release to Rescue” approach which will be continually implemented across all trusts. This requires the handover process to begin at 30 minutes and be completed by 45 minutes. There is significant progress still to be made on this commitment, the most recent performance figures show that average handover time in the West Midlands Ambulance Service was 54 minutes and 30 seconds. NHSE continues to work with the most challenged trusts, with the Medium-term Planning Framework (2026/27–2028/29) setting further ambitions for acute and ambulance collaboration to further improve performance, including progress toward the 15-minute handover standard and reducing pressure in hospitals. Risks associated with long community waits for ambulances are regularly discussed at national forums to support shared understanding and coordinated action across the urgent and emergency care system.

NHSE also published new national clinical standards, including Model ED and The Model Acute Pathway, which is supporting more consistent, high-quality care and improved flow through hospitals, supporting improved performance and reducing pressure in hospitals.

Conveyance to hospital

In a medical emergency—where a life is at risk or someone is seriously ill or injured—patients should call 999 for an ambulance rather than transport themselves. However, I appreciate that in this circumstance, Roman’s family felt they could not wait for an ambulance. This represented a significant risk to Roman and his family, and they were involved in a collision while transporting Roman to hospital. Continued improvements in handover and ambulance response times, alongside regular review of triage processes will reduce the risk that patients and their families feel they need to convey themselves to hospital.

Triage wording

NHS Ambulance Services in England must process 999 calls through a nationally approved clinical triage system. NHS England currently approves two systems in England for primary 999 assessments; NHS Pathways and Medical Priority Dispatch System (MPDS). This ensures that there is a degree of consistency and standardisation in 999 call handling.

The primary purpose of triage is to quickly identify priority symptoms (e.g. unconsciousness, difficulty breathing, chest pain) and assign a response priority. The outcome (disposition) reached following the initial assessment must be mapped to approved, contracted standards. These outcomes are mapped to the various categories (Categories 1 to 5) set out within the NHS Constitution and ambulance service 999 contracts.

The NHS Pathways Licence Agreement with provider services mandates that Health Advisors (call handlers) are supported by round the clock ready access to clinical support through the “Complex Call” process. The Complex Call process provides Health Advisors with a clear process to ask for help or transfer the call to a clinician – supported by the introduced motto of “If in doubt, shout”. The recognition and management of complex calls is comprehensively taught in the initial training period for

Health Advisors. It is tested at the end of this period, prior to live call-taking, and is repeatedly reinforced through Continuous Quality Improvement (CQI) and mandatory call audits.

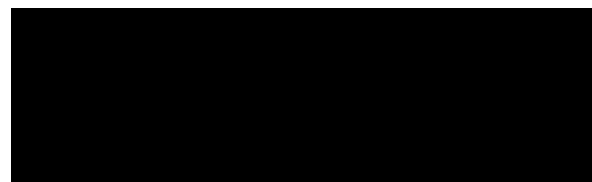
The safety of the clinical triage process endpoints resulting from NHS 111 or 999 assessments using NHS Pathways is overseen by the National Clinical Assurance Group (NCAG), an independent intercollegiate group hosted by the Academy of Medical Royal Colleges (AoMRC). Alongside this independent oversight, NHS Pathways ensures its clinical content and assessment protocols are consistent with the latest advice from respected bodies that provide evidence and guidance for clinical practice in the UK. This includes latest guidelines from organisations including NICE (National Institute for Health and Care Excellence), the Resuscitation Council UK and the UK Sepsis Trust, amongst others.

Within NHS England, the mapping of triage outcomes to response categories is undertaken and reviewed regularly by an expert group which makes recommendations to the NHS England Emergency Call Prioritisation Advisory Group (ECPAG) for implementation across all NHS ambulance service providers.

This provides a governance framework to ensure appropriate prioritisation, equity of access and uniformity of response across the English Ambulance Services. As such, services will follow standardised key questions / scripts to ensure consistency of responses. The group will regularly review evidence to change triage questions.

On the concerns you raised on monitoring of reliever overuse, to support implementation of NICE's guidance "Asthma: diagnosis, monitoring and chronic asthma management", published November 27, 2024, NHS England has been engaging with health system partners to coordinate resources and implementation efforts to make sure that patients are on the appropriate treatment regimen and are using their inhaler (preventer or reliever) at the right time, with the right technique. The over-prescribing of reliever inhalers amongst people with asthma has seen a steady fall over the past few years.

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



MINISTER OF STATE FOR HEALTH