

Mr Chris Morris
HM Area Coroner
Greater Manchester South
Coroner's Court
1 Mount Tabor Street
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SK1 3AG

National Medical Director
NHS England
Wellington House
133-155 Waterloo Road
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12 October 2026

Dear Mr Morris,

Re: Regulation 28 Report to Prevent Future Deaths – Paula Ivers who died on 8th March 2024.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 18th June 2026 concerning the death of Paula Ivers on 8th March 2024. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Ms Iver's family and loved ones. NHS England is keen to assure the family and yourself that the concerns raised about Ms Iver's care have been listened to and reflected upon.

Your report raised the following concerns:

1. The inability of some patients to obtain GP appointments
2. There is no national requirement for an early face to face review by an experienced doctor or Advanced Practitioner prior to the streaming of a patient in the Same Day Emergency Care (SDEC) Unit.

1. GP appointment availability

General practice is the front door of the NHS and we are committed to ensuring that it can continue to deliver for patients now and in the future. We have agreed a number of changes to the GP contract requirements in 2026/27 to continue to build on changes made over recent years, particularly those that have improved access for patients and to ensure patients are seen in a timely manner

Good patient communication is key to the general practice relationship with patients from the first point of contact.

In the changes made to the [GP contract](#) in 2026/27 we have amended the contract to *explicitly require that requests identified as clinically urgent, as determined by the GP practice, must be dealt with on the same day*. This is intended to support timely access to care for patients where delay may result in harm or deterioration.

Requests identified as clinically urgent by a GP or the practice team must be dealt with on the same day. It is for the GP practice to determine which patients are clinically urgent, in the same way they do now. The decision about whether a patient's need is clinically urgent is a prospective judgement made on the basis of the information available at the point of first assessment, rather than a retrospective assessment made with the benefit of later information.

A practice taking appropriate clinical action on the same day does not necessarily mean a face-to-face GP appointment. The practice must take appropriate action, which might be to:

- invite the patient to attend an appointment;
- provide appropriate advice or care;
- direct the patient to appropriate services; or
- communicate with the patient to request further information, or to explain when and how the patient will receive further information

In addition to the changes we have made to the GP contract in 2026/27 we have included a requirement that practices must not ask patients to call back, or make contact on another day. By this, we mean that practices should have arrangements in place to ensure that patients are able to make contact with the practice and have their request appropriately managed without being asked to re-contact the practice on a subsequent day. The purpose of this is to ensure timely access and reduce unnecessary barriers for patients seeking care or advice.

It is recognised that practices may not be able to resolve every patient query immediately, particularly when this is not clinically or operationally appropriate. In such cases, practices should communicate clearly with patients, which should include taking account of their language and communication needs, about expected response times and the steps being taken to address their needs and keep patients updated as required.

The appropriate response must be to either; invite the patient for an appointment (in person, by telephone, or via online/video consultation); provide advice or care by another method; signpost the patient to appropriate alternative services or communicate with the patient to request further information or advise them when and how they will receive additional details. Practices should use their professional judgement to determine the most suitable response based on the specific circumstances and clinical urgency.

Where practices experience sustained or significant capacity or demand pressures, they should use established escalation and support routes through their [integrated care board](#) (ICB), to raise their operational pressures and access support.

The NHS England North West region team have been in contact with Greater Manchester ICB who have advised that patients in Greater Manchester can access General Practice through a range of routes, including face-to-face, telephone and online appointments. Access is available across seven days through core hours and enhanced access arrangements.

The ICB continues to support practices to improve access for patients through quality improvement initiatives, including the GP Excellence Programme and engagement with Peer Ambassadors, which focus on the principles of delivering Modern General Practice.

The latest GP Patient Survey results for Greater Manchester indicate:

- 79% of patients reported a good overall experience of their GP practice, an increase of 2% from 2025 and 2% above the England average.
- More than 50% of patients reported using online GP services, including booking appointments online, and over half reported that it was easy to contact their practice using the NHS App.
- Across telephone, practice website and NHS App contact routes, between 58% and 63% of patients reported that it was generally easy to contact their practice.
- 74% of patients reported a good overall experience of NHS dental services, an increase of 1% from 2025.
- 89% of patients reported a good overall experience of pharmacy services, an increase of 1% from 2025.

2. Requirement for face to face review by an experienced doctor or advanced practitioner

NHS England recognises the importance of patients being assessed and directed to the most appropriate care pathway safely and promptly, and the concern raised regarding variation in local approaches to streaming patients to SDEC.

There is national guidance in place to support a consistent approach. This includes the [Guidance for emergency departments: initial assessment](#), the [Model Emergency Department: high performing urgent and emergency care pathways](#) and national SDEC guidance. Together, these set out expectations for timely clinical assessment, safe streaming and appropriate clinical decision-making, including access to senior clinical expertise where required. The guidance is intended to ensure that patients are directed to the service best able to meet their clinical needs, while allowing some flexibility for providers to design pathways that reflect their local services, population demographics and workforce.

The national guidance does not prescribe a requirement for every patient to receive a substantive face-to-face review by an experienced doctor or Advanced Practitioner before being streamed to SDEC. However, providers are expected to ensure that their local arrangements are clinically safe, appropriately governed and supported by staff with the appropriate skills and competencies. Patients whose presentation requires

further assessment or senior clinical input should be identified through the initial (or subsequent) assessment process and have access to this promptly.

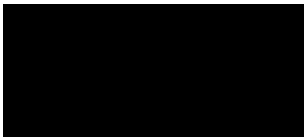
NHS England will continue to support providers in implementing the national urgent and emergency care and SDEC guidance, with patient safety and timely access to appropriate clinical expertise at the centre of these arrangements.

The [GIRFT Clinical Operational Standards for Emergency Care](#) recommends that patients are assessed early and receive timely clinical decision-making from appropriately senior clinical decision-makers. The NHS England North West regional Urgent and Emergency Care (UEC) team have advised that the region are currently working through the implementation of these standards as part of a series of improvement programmes with GIRFT colleagues across the North-West.

I would also like to provide further assurances on the 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 events, such as the sad death of Ms Ivers, are shared across the NHS at both a national and regional level and helps us to 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,


National Medical Director
NHS England