



**England** Health and high quality care  
for all, now and for future  
generations

December 18<sup>th</sup> 2015

Dear Mr Alexander,

Firstly can I thank you for your recent contact and I note the issues you raise.

Secondly, can I apologise for not being able to make the follow-up call you had kindly accepted planned for today. I was called away on a national priority issue. However I am happy to cover in this email what I was going to cover in that call, be it less personal.

The intention of my call was to explain that my role in NHS England is to lead the design and development of Urgent and Emergency Care services as part of the Keogh Review. As you are aware all A&E and Ambulance Services are commissioned by CCGs and they also hold the statutory authority for service design. Something I know has been to the fore in NW London. The oversight of operational and clinical performance by NHS England is through our Regional Offices and so I have spoken to and brought to their attention the concerns you and you Forum members have raised. Your correspondence has been forwarded to Dr Andrew Mitchell to respond.

We are all acutely aware of the service provision and demand placed across the whole urgent and emergency care community from general practice and the community, through 111 and 999 to hospital admissions and delayed discharges. That in the medium to longer term is what the UEC Review is attempting with colleagues in the NHS to address through redesign. Perhaps you would however clarify in any further correspondence with Dr Mitchell the data you put in your letter about increased handover delays. Clearly delayed handovers are a real issue for patients care and ambulance operational performance. As I read the numbers though, comparing the months of November 2014 and October 2015, there has been a reduction from 1329 to 1189 in total delayed handovers, which adjusted for days in the month, looks like a 13% improvement.

Yours sincerely  
Professor Keith Willett,  
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Leading the Urgent and Emergency Care Review.  
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