From the Rt Hon the Earl Howe P.C.
Parliamentary Under Secretary of State for Quality (Lords)

Department of Health

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Dear Malcolm,

Thank you for your email of 14 January about urgent and emergency care in London.

The government is very conscious of the demands placed on ambulance and other urgent and emergency care services, particularly during winter. We gave the NHS a record £700m of additional support last year, specifically to help it cope with the pressures of winter. Local plans to spend this money provided for nearly 8,800 extra staff and almost 6,500 extra beds. The money also funded other local initiatives, including extended hours in Primary Care settings and information campaigns, so people know the best services to access if they are unwell.

The autumn statement set out our national commitment to providing £1 billion of funding over four years for investment in new primary care infrastructure. This year, the Government has invested £50 million through the Prime Minister's Challenge Fund to help over 1,100 practices, covering 7.5 million people, develop new ways of improving GP access, including 8am to 8pm opening seven days a week and greater use of telephone, email and video consultations. We have committed to invest another £100 million into the scheme next year. £10m will also be invested in the general practice workforce, to recruit new GPs, retain those that are thinking of leaving the profession and encourage doctors to return to general practice.

I am pleased to hear that NHS 111 provides good advice in London. It has developed into a core part of local urgent care systems, trusted by patients. I agree that a marketing campaign of NHS 111 could raise awareness,

understanding and confidence in the service and understand that you are in touch with NHS England, who would be responsible for any national campaign.

On A&E closures, local commissioners must ensure the most effective urgent and emergency care provision for the communities they serve, in terms of that provision being high quality, safe and both clinically and financially sustainable. This may involve making changes to the pattern of provision, as the needs of the community change and in response to developments in clinical practice. For example evidence from the re-organisation of stroke services in London shows that concentrating the facilities and expertise needed to treat particular conditions in a smaller number of locations and getting patients to those locations quickly can improve survival rates and recovery.

I have noted the data that you have provided on patients waiting to be transferred from an ambulance to an A&E cubicle. One of the pressures leading to waits in A&E can be delays in getting a hospital bed. While long waits for a bed are rare, they remain completely unacceptable and we expect hospitals to get patients to wards quickly. This was highlighted in Operational resilience and capacity planning for 2014/15 guidance for trusts which was issued by NHS England, Monitor, the NHS Trust Development Authority and the Association of Directors of Adult Social Services.

The Government is also supporting faster discharge from hospitals. We have given a ring-fenced grant totalling £37m to councils, to help prevent delayed discharges. This funding will therefore mean that more beds are made available. For the longer term NHS England's urgent and emergency care review is looking at ways to improve the system, including easing pressures on A&E departments.

The Government is taking a number of steps to increase recruitment of front line emergency care staff. Health Education England(HEE) has a strategy in place to address the immediate and longer term shortages of A&E consultants. These include new opportunities for giving doctors in other specialties to transfer their current competencies into emergency medicine specialty training, without starting at the beginning of the training pathway. Additionally, HEE increased the number of paramedic training places by 30% in 2014-15. For 2015-16 HEE has increased the number of places by 44% (378 places).

There are arrangements in place to provide additional pay for employed NHS staff working in high cost living areas in and around London. For non-medical staff employed under Agenda for Change (AfC) terms and conditions, these arrangements provide for High Cost Area Supplements

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(HCAS) for all staff groups working in inner and outer London and fringe zones. Employed medical staff also receive London weighting on their pay. The Government is working with key stakeholders, such as HEE, to look at whether there are things other than pay that can be done to attract and retain paramedics.

I am grateful to the Patients Forum for the work it does, providing independent monitoring of the London Ambulance Service. I am also grateful to the Forum for its wider interest in securing effective urgent and emergency care services in the capital; and hope this has reassured you about the Government's commitment to supporting those services in providing patients with high quality, timely, care and treatment.

With every good wish,

Yours sincerely,

Earl

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