Department of Health

From Ben Gummer MP
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Dear Dr Brittain

Thank you for your letter of 22nd April 2016, following the inquest into the death of Marina Fagan.

I was sorry to hear of Ms Fagan's death and wish to extend my sincere condolences to her family.

Posterior Reversible Encephalopathy Syndrome (PRES) is a rare disease, which I understand was first described only in 1996, and differential diagnosis can be difficult. This means that many other common conditions can present with very similar symptoms to PRES. I understand that you heard evidence that in Ms Fagan's case her condition was so severe that, even had a diagnosis been made earlier, the outcome was unlikely to have been different.

I note your concerns about the availability of neurologists locally and nationally. You had particular concerns about the time taken to see a neurologist in an outpatient setting and the availability of on-call neurologists in hospitals.

It is the responsibility of providers to ensure that they have appropriate staffing levels to meet the needs of their patients. The availability of neurologists locally is therefore for Barts Health NHS Trust to address.

On a national basis, Health Education England (HEE) plans the future workforce. HEE has consistently invested in the commissioning of training places in neurology and intends to commission 219 training places in 2016/17, a small rise from 217 in both 2014/15 and 2015/16.

Turning to waiting times, the NHS Referral to Treatment (RTT) waiting time standard is that 92% of patients should wait no more than 18 weeks before starting consultant led

treatment for non-urgent conditions. This would be the case for outpatient appointments, which would by definition be non-urgent.

Where this is not possible, the NHS should take all reasonable steps to offer a range of suitable alternative providers able to see or treat the patient more quickly than the original provider, if this is what the patient wants and it is clinically appropriate. Commissioners are not obliged to take all reasonable steps to find an alternative provider if the patient does not ask for this. Some patients will wait longer than 18 weeks by choice, for personal or social reasons, or because this is clinically appropriate.

Data is collected and published by NHS England to monitor performance against the standard, across all specialties in England, and for 18 high volume specialties including neurology.

At the end of February 2016, 92.1% of patients on an incomplete pathway, and 92.3% of patients on an incomplete neurology pathway, were waiting less than 18 weeks. On a national level therefore, the waiting times for neurology meet the operational waiting time standards.

Further figures show the average (median) waiting times to start consultant-led treatment in February 2016 were:

- in an admitted patient setting: 10.3 weeks for all specialties and 3.1 weeks for neurology
- in an outpatient setting: 5.9 weeks for all specialties and 6.2 weeks for neurology.

Clinical priority is the main determinant of when patients should be treated and clinicians need to make informed treatment decisions so that patients do not experience undue delay at any stage of their referral, diagnosis or treatment. Patients should be treated according to clinical priority and then normally in the chronological order of when they were added to the waiting list.

I hope that this reply is helpful and I am grateful to you for bringing the circumstances of Ms Fagan's death to my attention.

BEN GUMMER