



Department
of Health &
Social Care

*From Baroness Merron
Parliamentary Under-Secretary of State*

*39 Victoria Street
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9 February 2024

Dear Colleagues,

I would first like to reiterate my thanks to all who attended the government's statement on health and adult social care reform on 7 January and for their cross-party approach to both sets of reforms raised.

I am writing to follow-up on a several points raised during the discussion.

Baroness Tyler of Enfield asked about progress on the immediate steps taken to improve the rate of discharge from hospital into social care. We will tackle delayed discharges by developing local partnership working between the NHS and social care – and making sure people get the right support from health and social care services to return home as soon as possible. On 30 January we published a new policy framework for the Better Care Fund in 2025 to 2026 which will focus £9 billion of NHS and local government funding on meeting two health priorities – moving care from hospital to the community and from sickness to prevention. As part of this, the NHS and local authorities will be expected to make improvements on delayed discharges.

Lord Patel asked about the use of Advice and Guidance (A&G) proposed by the plan. A&G is not new; we are boosting an established approach which helps keep waiting lists down and enables patients to access care in the right place by providing an opportunity for GPs to ask advice to specialists (predominantly via digital communication), ahead of making a referral that they are unsure whether is required. We know that around half of A&G requests that were submitted last year were sent back to GPs with advice for management in general practice or in the community, and the other half became referrals. We recognise, though, that the A&G process can be time-consuming for GPs which is why we are offering GPs extra funding, for using A&G to incentivise its use in appropriate cases. I can give the assurance that the A&G tariff is being split between secondary care and GPs, so no additional costs will be incurred, and we expect that increasing A&G will mean that, overall, clinical time will be saved by reducing outpatient appointments where patients would be better cared for outside of hospital.

Lord Scriven raised the important issue of ensuring the best clinical outcomes alongside speed of elective treatment. Our Elective Reform Plan is about making sure patients can be seen as quickly as possible – and reforming and improving the system to achieve this – but I can assure the Noble Lord that patient safety and quality of care will continue to be the number one priority of NHS services and nothing in this plan changes that.

Once again, thank you for your valuable contribution to the debate. I am copying this letter to all of those who spoke and will deposit to the House Library.

All good wishes

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BARONESS MERRON