



Rt Hon Yvette Cooper MP
Secretary of State
Department for Health and Social Care
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Dear Secretary of State

Congratulations on your appointment as Secretary of State for Health and Social Care.

We are writing on behalf of the Corridor Care Coalition, a group of 16 organisations representing healthcare professionals, patients, families and carers across England. The Coalition was established for one shared objective: ending the unsafe and undignified practice of patient care being delivered in inappropriate care environments.

The Prime Minister's decision to highlight corridor care during his Labour Party Conference speech demonstrates the growing recognition across government that this issue requires urgent action. As the coalition bringing together the expertise, evidence and lived experience of patients, families, carers and frontline staff, we welcome this recognition and look forward to working with you to bring an end to corridor care.

Corridor care is incompatible with safe, high-quality care

Corridor care is fundamentally incompatible with NHS England's Quality Strategy, which defines high-quality care as care that is safe, effective and provides a positive patient experience. Patients receiving care in corridors and other inappropriate settings are exposed to increased risks to safety, reduced clinical oversight and a poorer care experience, while staff are required to deliver care in environments not designed for clinical use.

Following the introduction of NHSE's corridor care reporting, which we welcomed and advocated for as part of the Coalition's call for greater transparency, data shows that around 3,000 patients a day are receiving care in inappropriate settings across England. The scale of this problem means thousands of patients are routinely being denied the privacy, dignity and standard of care they should be able to expect from the NHS.

We welcomed the previous Secretary of State's commitment to consign corridor care to history and were pleased to see that ambition reflected in the 10 Year Health Plan. We hope this commitment will remain a priority under your leadership.

Corridor care is no longer a seasonal issue

The data confirms what patients, staff and the Coalition have been highlighting for some time: corridor care is no longer confined to periods of exceptional winter pressure. In August alone, NHSE recorded 92,177 instances of corridor care, showing that significant numbers of patients continue to receive care in inappropriate settings despite this traditionally being a period of lower demand. These figures show that corridor care is no longer a seasonal issue but a year-round feature of system pressure.

As reporting arrangements develop, NHSE and DHSC should continue to work with providers, professional bodies and the Coalition to refine the definition of corridor care, ensuring it remains fit for purpose and is applied consistently across the system. Consistent data collection and reporting will be essential to improving the quality and comparability of the data, providing a more accurate picture of the scale of corridor care and supporting more effective action.

The system must be resilient to future pressures

Demand on health and care services is unlikely to ease. An ageing population, workforce challenges and pressures, such as extreme weather, will continue to test system resilience. Against this backdrop, a system already struggling to maintain patient flow cannot continue to rely on corridor care and temporary escalation spaces to absorb future pressures. The consequences are felt most acutely by older people, who are disproportionately affected by long waits and care delivered in inappropriate settings. If corridor care is considered unacceptable in winter, it should be considered equally unacceptable throughout the rest of the year.

In efforts to eliminate corridor care, the NHS must not simply shift patients into other unsuitable settings such as waiting rooms, chairs or Same Day Emergency Care (SDEC) units, nor lose focus on the long waits that persist in Emergency Departments. The number of patients waiting 12 hours or more for a bed continues to reach new highs, while many trusts are still struggling to meet ambulance handover standards. National monitoring should therefore capture overcrowding, long waits and care delivered in inappropriate environments wherever it occurs, ensuring the true scale of unsafe care is understood and addressed.

Social care reform must form part of the solution

Fixing adult social care is essential to addressing one of the main causes of corridor care, and we welcome the Prime Minister's focus on this issue.

Although corridor care is most visible within hospitals, insufficient social care capacity and workforce shortages mean many patients who are medically fit for discharge are unable to leave hospital promptly. This reduces bed availability, increases pressure across urgent and emergency care pathways and disproportionately affects older people.

Age UK analysis of NHSE figures estimates that more than 13,000 people each day remain in hospital despite being medically fit for discharge, with delayed discharges increasing by almost 70 per cent since 2021.

Sustainable progress on corridor care will therefore depend not only on increasing NHS capacity, but also on strengthening social care and improving patient flow across the wider system. We look forward to working with the Government and the Casey Commission to support reforms that expand social care capacity, reduce delayed discharges and, in turn, help bring an end to corridor care across the NHS.

Ending corridor care requires whole-system action

While social care reform is a critical part of the solution, corridor care reflects wider pressures across the health and care system. The Coalition's position has consistently been that lasting progress will require coordinated action across community, primary care, mental health, rehabilitation, palliative care, frailty and social care services, alongside investment in the workforce that underpins them. Unpaid carers and care partners also play an important role in improving outcomes and reducing the risk of failed discharges.

Improving NHS performance, reforming social care and eliminating corridor care are closely connected challenges, and progress in one area will support progress in the others.

Immediate opportunities for action

While eliminating corridor care will require sustained long-term action, there are practical steps that Government, NHSE, integrated care systems and local authorities can take now to reduce pressure on services and improve patient flow.

We therefore encourage consideration of the following immediate actions:

- Introducing discharge arrangements that minimise avoidable delays.
- Reopening and fully staffing inpatient beds that are currently unavailable.
- Increasing investment in emergency, community, frailty and palliative care services.

A shared opportunity for change

In late September, members of the Coalition attended NHSE's follow-up Corridor Care Summit and heard directly from Trusts implementing local action plans to reduce corridor care. Several reported early signs of progress, demonstrating that improvement is possible when organisations are supported to take focused action.

We recognise the leadership NHSE has shown through the introduction of corridor care reporting and its engagement with Trusts and the Coalition. NHSE has demonstrated its commitment to addressing corridor care and understands that the current situation cannot be allowed to continue.

However, local and operational action alone will not be sufficient. The scale and persistence of corridor care requires sustained national leadership and a whole-system response. We therefore hope that eliminating corridor care will remain a priority under your leadership and that the Government will work alongside the Coalition and wider system partners to deliver the long-term changes needed to end this practice.

Patients should be able to expect safe, high-quality and dignified care whenever they need it. Together, we hope to ensure corridor care becomes a feature of the NHS's past, rather than its future.

Yours sincerely,

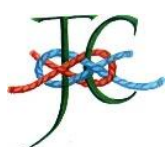
The Corridor Care Coalition



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