

## Your response

Question	Your response
<p><b>Question 1: Do you agree that we have identified the correct aims, supporting principles and features of the USO? Do you consider that these should continue to be respected as far as possible when assessing potential changes to the USO?</b></p>	<p>Yes.</p> <p>And as outlined in more detail under question 3 – we suggest there may be scope for developing a solution for the timely delivery of NHS letters, which would fit under the principle of universality as described by Ofcom.</p>
<p><b>Question 2: Do you agree with our assessment of the direction of change in postal needs of residential (including vulnerable) users and SMEs? Are there other factors relevant to their future demand which we have not considered?</b></p>	<p>No.</p> <p>The majority of proposals seem to focus more on the current challenges Royal Mail faces in meeting USO obligations – including financial challenges – than on all the needs of service users.</p> <p>We have shared some of these needs relating to NHS communications in our more detailed answer to question 3.</p>
<p><b>Question 3: Do you agree with our assessment of the bulk mail market? Are there other factors relevant to its future evolution which we have not considered?</b></p>	<p>No.</p> <p>Please see below for a full response to this question.</p>
<p><b>Question 4: Are there specific events/changes that could trigger a significant change in demand for large mail users, including public services?</b></p>	<p>Yes.</p> <p>As specified in our answer to question 3, the NHS send over 2 billion communications out to patients every year. And despite moves towards digital communication methods including the NHS App, letters still account for approximately 70% of these communications.</p> <p>So, although not describing a change in demand, it is vital to understand the scale of NHS communications in any proposals to reform the USO and bulk mail products.</p>
<p><b>Question 5: Do you agree with our proposed approach to estimating the financial burden of the USO?</b></p>	<p>N/A</p>

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<p><b>Question 6: Do you agree with our considerations regarding the unfairness of the financial burden of the USO?</b></p>	<p>N/A</p>
<p><b>Question 7: Do you agree with our considerations regarding the impact of the financial burden of the USO?</b></p>	<p>N/A</p>
<p><b>Question 8: Do you agree with our analysis of the different options available to change the USO and the impact of those changes on residential (including vulnerable) users, SMEs and bulk mail users? If not, please explain why and set out any option(s) which we have not considered.</b></p>	<p>No.</p> <p>Proposals to cut delivery days would need to further consider the needs of ‘vulnerable’ users, by outlining the specific days the USO would operate. For example, if the service was cut to three days, and ran Monday to Wednesday, users would be faced with four days of radio silence from NHS teams.</p> <p>With this in mind, further consideration will be needed to understand the impact of proposals on NHS patients.</p>
<p><b>Question 9: Which option(s) do you consider would be most appropriate to address the challenges we have identified, while also ensuring that users’ needs are adequately met?</b></p>	<p>N/A</p>
<p><b>Question 10: Do you have any other views about how the USO should evolve to meet users’ needs?</b></p>	<p>As outlined in our detailed response to question 3, a new proposal to develop a solution for important NHS letters would better meet the needs of patients across England than current proposals to cut the delivery speed of letters.</p>

Please complete this form in full and return to [futurepostalUSO@ofcom.org.uk](mailto:futurepostalUSO@ofcom.org.uk).

**Question 3. Do you agree with our assessment of the bulk mail market? Are there other factors relevant to its future evolution which we have not considered?**

No.

In relation to the bulk mail market, the consultation proposes:

- Cutting the USO requirement for post to be delivered six days a week, down to five or three days a week – with subsequent impacts on bulk mail which is delivered through the USO network.
- That Royal Mail could seek to align the delivery speed of its bulk mail services to the proposals for a reduced service (D+3).

As stated in our [open letter to Royal Mail and Ofcom \(27 February 2024\)](#), any cuts to the speed of letter delivery may increase risks to patients and make current issues around NHS communications more widespread.

Instead, we suggest a solution to ensure timely delivery of the most important NHS letters is explored further by Ofcom, Royal Mail, NHS England, Healthwatch England, and our partners at National Voices, the Patient's Association, and NHS Providers.

In the first instance, the co-signatories above would suggest a focus on prioritising:

- Appointment letters.
- Confirmation of referrals.
- Test results.
- Post-diagnosis information.
- Advice and guidance related to public health emergencies.

We believe that the [Ofcom research](#) supports this move, with the following statements:

- Letters related to hospital appointments are time sensitive as compared with other communications.
- Some users feel reassured receiving hard copies of hospital appointment letters.
- Those most reliant on letter delivery for hospital appointments are less supportive of proposed changes to the USO.

We also believe that there is sufficient scale involved in this issue to warrant an approach separate to other wholesale bulk mail options:

- Point 9.66 in the report notes that depending on which proposals are taken forward - bulk mail organisations who need items to arrive quickly may need change their business practices or switch to other commercial products.
- The evidence in [chapter 5](#) does not seem to support this solution for NHS letters, and would be very difficult to apply due to the volume of letters sent by NHS teams across the country.
- The NHS in England is not one organisation and is made up of many different organisations operating at national, regional, and local levels – collectively sending out approximately 1.4 billion letters every year.
- Provisional findings from Healthwatch England show that 66% of people who had an appointment in the last year were notified via letter, and 3% of people received letters after their appointment took place.
- To estimate the total number of people affected by this, we have taken 66% of the [124.5 million outpatient appointments](#) which took place in 2022-23.
- 3% of this subsequent figure suggests over **two million appointments** missed due to the late delivery of letters. However, this covers outpatient appointments only, and could be higher when inpatient, community and primary care appointments are taking into account.

- These national findings may also mask significant local variation, which will require further exploration and consideration.
- Our research also found that 14% of people received a letter in the week of their appointment.
- This alone is not necessarily a problem, however we know that [1 in 4 people on hospital waiting lists in 2021 experienced a cancellation](#), and [45% of cancellations in 2023 happened with between one and seven days' notice](#).
- Therefore, the combination of proposed delays to delivery of NHS letters with the unique nature of last-minute appointment bookings and cancellations could put more people at risk of missing time critical appointments, appointment changes or vital test results.
- Along with patient safety risks, this will impact on NHS teams as well, with previous estimates on the cost of missed hospital appointments sitting at over [£1 billion every year](#) – on top of the disruption for staff and other patients.

Finally, we understand there is precedent for a move towards prioritising some NHS correspondence via an urgent or hybrid service. This includes previous prioritisation of COVID-related letters and LFT results during the pandemic, and current manual approaches happening across the country.

Ofcom and Royal Mail colleagues have privately shared that where these practices are currently taking place, the process can be expensive, inefficient, and imperfect. But with the right support, we believe that prioritisation of the most important NHS correspondence could be achieved.

The exact mechanism will need discussing and agreeing with key partners, including Ofcom, Royal Mail, and NHS teams, but one example could be via the addition of an NHS identifier on envelopes.

We believe this would work within the spirit of current proposals while reducing the risk to patient safety. We are very happy to continue discussions with Ofcom and Royal Mail to achieve this shared goal.