



Department
of Health &
Social Care

From Nadine Dorries MP
Minister of State for Patient Safety,
Suicide Prevention and Mental Health

39 Victoria Street
London
SW1H 0EU

Mr Sean Horstead
HM Assistant Coroner,
Cambridgeshire and Peterborough
HM Coroner's Office
Lawrence Court
Princes Street
Huntingdon PE29 3PA

28 April 2021

Dear Mr Horstead,

Thank you for your letter of 3 March 2021 to Matt Hancock about the death of Averil Hart. I am replying as Minister with responsibility for Mental Health.

I would like to begin by expressing my most heartfelt condolences to Averil's family, friends and loved ones. I am deeply saddened by the failings in care highlighted in your report. That Averil's death was avoidable and contributed to by neglect is extremely distressing.

I also wish to express my deepest sympathies to the families and loved ones of [REDACTED] who you include in your report. It is clear that we must do all we can to implement the learnings from these tragic deaths to ensure the safety and quality of eating disorder services.

Eating disorders are serious, life-threatening conditions and improving services in England is a priority for this Government. We want to ensure that everyone affected has access to the right support, in the right place, at the right time.

Your report raises important concerns regarding adult eating disorder treatment. Following the Parliamentary and Health Service Ombudsman (PHSO) report '*Ignoring the alarms: how NHS eating disorder services are failing patients*'¹, regarding the death of Averil Hart, the Department remains committed to working to address the recommendations through a delivery group that includes representation from NHS England and NHS Improvement (NHSEI); Health Education England (HEE); the General Medical Council (GMC); the National Institute for Health and Care Excellence (NICE); and, the Royal College of Psychiatrists (RCPsych). We accept the recommendations from this report and will take them into account when planning improvements to adult eating disorder services.

¹ [Ignoring the alarms: How NHS eating disorder services are failing patients | Parliamentary and Health Service Ombudsman \(PHSO\)](#)

In relation to the training of medical professionals in eating disorders, we agree that doctors should have the necessary knowledge and experience to assess patients holistically, considering the individuals' physical, social and psychological needs. Through the PHSO delivery group, NHSEI is working with HEE and other partners to procure training courses that will increase the capacity of the existing workforce to allow them to provide evidence-based treatment to more people, as they have set out in detail in their responses. I share your concerns on the shortage of eating disorder specialists across the country. I understand that colleagues in the GMC; HEE and the Academy of Medical Royal Colleges will also address this in their responses.

We recognise that eating disorders have some of the highest mortality rates of any mental health disorder. We agree that appropriate monitoring of patients with anorexia nervosa by primary and secondary care providers is vital to ensure everyone with an eating disorder gets the right support.

Under the NHS Long Term Plan, we are committed to ensuring a more integrated service across primary and secondary care for people with severe mental illnesses, including eating disorders, and to giving 370,000 adults with severe mental illness greater choice and control over their care and support them to live well in their communities by 2023/24. To support improvements in mental health care more generally, including eating disorder care, we remain committed to expanding and transforming mental health services in England and to investing an additional £2.3 billion a year in mental health services by 2023/24.

In addition, in August 2019, the *Adult Eating Disorders: Community, Inpatient and Intensive Day Patient Care Guidance*² was published to support the delivery of effective models of Adult Eating Disorders care. This guidance emphasises that “*the ability to comprehensively monitor and manage the physical health of all people with an eating disorder [...] is an essential function of a community eating disorder service*”. We expect commissioners and providers to adhere to this guidance.

Transformation of community-based mental health care for adults with severe mental illness is underway in 12 national sites that have been in receipt of ongoing transformation funding since 2019/20. Eight of these sites have received additional funding to transform the eating disorders pathway, including early intervention for young adults with eating disorders. Local areas will be supported to redesign and reorganise community mental health teams to move towards a new place-based, multidisciplinary service across health and social care aligned with primary care networks. Local areas will need to demonstrate that they are equipped to perform medical monitoring as per the 2019 *Adult Eating Disorders* guidance.

A four-week waiting time standard for adult community mental health services, including eating disorder services, is being piloted and considered as part of the clinically led review of NHS access standards. Further information on the definition of a potential standard will be shared in 2021/22.

² [NHS England » Adult Eating Disorders: Community, Inpatient and Intensive Day Patient Care – Guidance for commissioners and providers](#)

In addition, NHSEI has announced additional early intervention services for young people aged 16-25 with eating disorders in 18 areas across the country, so young adults seeking support could be contacted within 48 hours and begin treatment within two weeks.

We fully agree that there needs to be improved information about the prevalence of eating disorders. NHS Digital's 2007 *Adult Psychiatric Morbidity Survey*³ (APMS) showed that up to 6.4 per cent of adults displayed signs of an eating disorder. The latest survey, published in 2016, did not collect information on eating disorders. However, the SCOFF eating disorder questionnaire was included in the 2019 Health Survey England (HSE) and showed that 16 per cent of adults aged 16 and over, screened positive for a possible eating disorder; women were more likely to screen positive than men; and, the proportion screening positive increased as household income decreased. While the two surveys cannot be directly compared, the data from both provide an indication of eating disorder prevalence in 2007 and 2019.

The consultation for the next APMS (2022) is expected to begin shortly. NHS Digital has appointed NatCen Social Research to conduct the survey. The steering group for the APMS includes the Department of Health and Social Care, NHS Digital, NHSEI and NatCen. The steering group will lead the consultation and make decisions on the questionnaires and topic areas to be included in the APMS 2022 based on the responses received. The Department of Health and Social Care is working closely with stakeholders and interest groups to ensure they can feed into the consultation.

In relation to your concern on the potential under-reporting of the extent to which eating disorders have caused or contributed to deaths, I welcome your plan to explore this issue further with the National Medical Examiner for England and Wales, the Office for National Statistics and the Coroners' Society of England and Wales.

Finally, we recognise that NHS eating disorder services are facing increased demand during the COVID-19 pandemic. During the first 9 months of 2020/21, a total of 7,555 children and young people started treatment and 84.7 per cent started treatment within the standard timeframe. This compares with 5,831 children and young people that started treatment in the first 9 months of 2019/20. Given the high risk presented by COVID-19 in this group, all areas have been advised to continue prioritisation of service delivery, and to take steps to mitigate the potential impact of COVID-19 on this vulnerable group.

As part of the Government's commitment to build back better post-COVID, on 27 March we published our *Mental Health Recovery Action Plan*⁴, backed by an additional £500million of targeted investment, to ensure that we have the right support in place over the coming year.

As part of this funding, £79million will be used to significantly expand children's mental health services, enabling 2,000 more children and young people to access eating disorder

³ [Adult Psychiatric Morbidity Surveys - NHS Digital](#)

⁴ [COVID-19 mental health and wellbeing recovery action plan - GOV.UK \(www.gov.uk\)](#)

services. £58million will be allocated to accelerate the adult community support to bring forward the expansion of integrated primary and secondary care for adults with severe mental illness, including eating disorders.

I hope this reply helps to reassure you that we continue to be committed to ensuring that everyone with an eating disorder has access to timely and integrated care and we are actively working with our arm's length bodies to improve services and data.

A handwritten signature in blue ink, appearing to read 'N Dorries', is centered on the page. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

NADINE DORRIES

**MINISTER OF STATE FOR PATIENT SAFETY, SUICIDE PREVENTION AND MENTAL
HEALTH**