

Sean Horstead, Assistant Coroner,
Coroner area of Cambridgeshire &
Peterborough
Coroner's Service,
Lawrence Court,
Princes Street,
Huntingdon
PE29 3P

4th May 2021

Dear Mr Sean Horstead,

Re: Regulation 28 Report to Prevent Future Deaths – Averil Miranda Hart (15.12.2012)

Thank you for your Regulation 28 Report dated 3rd March 2021 concerning the death of Averil Hart on 15.12.2012. Firstly, I would like to express my deep condolences to Averil Hart's family.

The inquest concluded that Averil Hart's death was a result of 1a Anorexia Nervosa but death was avoidable and that it was contributed to by neglect.

Following the inquest, you raised concerns in your Regulation 28 Report to NHS England and NHS Improvement (amongst other organisations) regarding:

- Inadequate training on eating disorders for doctors and other medical professionals
- Lack of formally commissioned service level agreement for the provision of robust and effective monitoring of moderate to high risk Anorexia Nervosa patients by primary or secondary care providers
- Lack of robust and reliable data regarding the prevalence of eating disorders
- The impact of the COVID-19 pandemic

I understand that colleagues in other organisations will also be responding to this. My response will therefore focus on what we are doing to improve adult eating disorder services in the NHS, both nationally and within the East of England region.

Eating disorders (ED) are serious, life-threatening conditions with some of the highest mortality rates of any mental health disorder. Improving eating disorder services is a key priority for NHS England and Improvement (NHSEI) and a fundamental part of our commitment to expand and improve mental health services. We have developed a national programme of work, backed by significant investment committed as part of the NHS Long Term Plan, to ensure that systemwide changes to improve adult eating disorder services are delivered at pace.

Adult Eating Disorder Service Transformation and Funding

The NHS Long Term Plan commits to the implementation of new integrated models of primary and community mental health care that improve care for adults and older adults with a range of severe mental health problems, including eating disorders, in all Sustainability and Transformation Partnerships (STPs) in England by 2023/24.

All STPs/Integrated Care Systems (ICSs) are required to start work to transform their community eating disorder (CED) pathways in line with published guidance by 2023/24. Local plans submitted to NHSEI indicate that at least 22 ICSs are starting this transformation in 2021/22, and have dedicated over £6m. All other areas due to commence in 2022/23.

To support local strategic planning and development of transformed ED pathways in line with published guidance, regional adult eating disorder clinical leads have now been appointed across England.

Additionally, NHSEI has additional implementation support available in 18 sites across the country to embed First Episode Rapid Early intervention for Eating Disorders (FREED) to support early intervention services for young people, aged 16-25, with an eating disorder. Use of the FREED model means people coming forward could be contacted within 48 hours and could begin treatment within two weeks. Evidence shows that this model reduces the waiting times for assessment and treatment and that patients experience better outcomes.

Medical monitoring and the role of Primary Care

National action

NHSEI issued [national guidance](#) in August 2019 which sets out a clear expectation that CED services develop integrated pathways with primary care and where responsibility for medical monitoring sits. The guidance outlines that “Medical monitoring needs to be based on local medical monitoring agreements clearly established across the CED service and primary care network, with one consistent protocol agreed on by local commissioners.” and includes the following table setting out responsibilities:

Table 2: Responsibility for medical monitoring	
CED service	Primary care
<ul style="list-style-type: none"> ☐ Person is at high medical risk and/or unable to reliably adhere to physical health monitoring in a primary care setting 	<ul style="list-style-type: none"> ☑ Person is at moderate risk but recognises their need for health care and seeks it ☑ Person is at low medical risk ☑ Person is discharged from the CED service

We are committed to ensuring a more integrated service across primary and secondary care for people with severe mental illnesses, including EDs, and NHSEI have a Long Term Plan ambition to give 370,000 adults and older adults with severe mental illness greater choice and control over their care and support them to

live well in their communities by 2023/24.



In order to receive system development funds for the expansion of adult community eating disorder services, when developing funding bids STPs were required to “be clear on the arrangements for medical monitoring in partnership with primary care to manage the physical health needs of people with eating disorders”.

In 2019/20 and 2020/21, 12 STPs/ICSs were funded to test new models of integrated care, which will include CED. Eight of these sites chose to focus on improvements to CED services as a specialty area. We will ensure that the learning from the community early implementers sites will be shared via the Adult ED Clinical Leads forum to support services as they embed robust medical monitoring pathways.

In addition, the 2021/22 GP contract and Standard Contract are embedding mental health practitioners in Primary Care Networks (PCNs). Although these practitioners will not directly undertake the medical monitoring themselves, they will be able to liaise with the staff who will undertake it and help to ensure adequate oversight of the care of patients with severe mental illnesses, including eating disorders, across primary and secondary care.

Additional East of England actions underway

Further work to support formal commissioning arrangements for medical monitoring will be led by the Eating Disorders Strategic Oversight Board which reports to the East of England Regional Mental Health Strategy and Transformation Board. Since the death of Ms Hart, both Cambridgeshire & Peterborough (C&P) and Norfolk & Waveney (N&W) Clinical Commissioning Groups (CCGs) have taken steps to improve commissioning arrangements for medical monitoring. C&P CCG are piloting a commissioned medical monitoring pathway (initially within Peterborough with a view to rollout across the CCG) as part of the Adult Community Mental Health Transformation Programme and N&W CCG has an established route for people living with EDs to receive medical monitoring in primary care through a Locally Commissioned Service (previously termed Local Enhanced Service or LES). Both CCGs continue to work in establishing improved and more equitable access to ED pathways of care.

Training

National action

NHSEI are working with Health Education England (HEE) to improve workforce training for the adult eating disorder workforce. This is in line with NHS Long Term Plan commitments and backed by significant investment (funding in place up to 2023/24).

The training courses that are being offered / developed include:

- **Adult Eating Disorder Whole Team Training (WTT):** to ensure that the entire team has the skills necessary to function effectively and safely within an eating disorder service. WTT is open to primary care staff. In 2020/21 approximately 240 staff (from around 90 teams) were enrolled in the WTT



training course nationally. The length of this course will vary per service and will be organised to ensure continuation of service, so it is expected that some of this cohort will have completed this training in 2021/22.

- **Cognitive Behavioural Therapy for Eating Disorders (CBT-ED):** This a post-graduate course for mental health professionals and once completed will give individuals the skills to provide this [NICE recommended](#) (NG69), evidenced-based therapy. In 2020/21, 47 staff were enrolled in the CBT-ED training course, nationally. This is a 1-2 year course (depending on prior qualifications).
- **Maudsley Model of Anorexia Nervosa Therapy for Adults (MANTRA):** MANTRA is a cognitive-interpersonal treatment. This course is aimed at experienced mental health professionals, to provide them with the skills necessary to deliver this evidence based and [NICE recommended](#) treatment. A training provider will be commissioned to deliver this course in 2021/22.
- **Guided Self-Help (GSH):** We plan to work with HEE, ED clinical experts and people with lived experience to develop a training offer that will support services to provide guided self-help ([NICE recommended](#) for binge eating disorder and bulimia-nervosa). Curriculum development for GSH is currently planned to take place in 2021/22.

MARSIPAN

The [published guidance](#) links to the MARSIPAN (Management of Really Sick Patient with Anorexia Nervosa) [guidance](#). Providers and commissioners are encouraged to develop pathways and protocols in line with this advice. The use of MARSIPAN in inpatient settings is being promoted through the development of quality frameworks in the adult eating disorder Provider Collaboratives.

Wider training

NHSEI agree that it is imperative that doctors and other medical professionals receive sufficient training on mental health and in particular eating disorders to support parity of esteem and improve patient care.

This is not within our gift to deliver but we stand ready to support HEE, the General Medical Council and partners in their efforts to achieve this objective.

I would recommend that this report is extended to the Medical Schools Council; who are able to influence the curriculums and training standards for doctors and medical professionals, in order to support this work.

Additional East of England actions underway

The regional East of England mental health team have worked jointly with HEE to support education and guidance to systems in managing eating disorders, with learning to be shared. This has included:

- Several webinars, learning events and annual conferences to target all professionals who support people with eating disorders and parents/carers.
- Funding has also been made available for all acute trusts in the region to access training for medical staff in managing patients who present at A&E or require admission to a medical ward for self-harm or an eating disorder that requires medical stabilisation. Cambridgeshire & Peterborough (C&P) and Norfolk



& Waveney (N&W) both now offer specialist ED training to all primary care clinicians in GP practices and outside of primary care.

- The East of England Regional Mental Health Strategy and Transformation Board is supporting Trusts to develop comprehensive policies and procedures to manage patients with Anorexia Nervosa, in line with the [MARSIPAN guidelines](#)

Prevalence data

NHSEI recognise and agree that there is a need to improve the data on the prevalence of eating disorders in adults. We have joined the APMS steering group (alongside DHSC and other ALBs) to influence the questionnaires that are included in the next survey to ensure representation of eating disorders.

Impact of the COVID-19 Pandemic

Despite the challenges of the pandemic, mental health services have remained open and CED service have been working hard to minimise disruptions in care by using virtual platforms for appointments and social media to continue support. Where face to face appointments were needed, services acted in line with safety protocols to protect themselves and their patients.

In the April 2020 we held a national webinar to share key messages with service providers and commissioners, to support service continuation throughout the pandemic and beyond this we will continue to support services via the regional clinical leads.

During the initial phase of the COVID-19 pandemic some aspects of transformation work within our 8 Adult ED early implementer sites were slowed or paused due to the need to prioritise the immediate COVID-19 response. However, despite the pandemic, progress continues with new, expanded or transformed services going live over recent and coming months.

Finally, an extra £500m has been announced for Mental Health services to respond to the rising level of need from the pandemic, which includes an additional £58m to support the additional expansion of community services for people with severe mental illness, including people with an eating disorder.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,



**National Medical Director
NHS England and NHS Improvement**

NHS England and NHS Improvement

