



Department  
of Health &  
Social Care

From [REDACTED]  
Parliamentary Under-Secretary of State

39 Victoria Street  
London  
SW1H 0EU

Our Ref: [REDACTED]

Ms Alison McCormick  
Assistant Coroner  
HM Coroner's Service  
The Old Courthouse  
St Albans Road East  
Hatfield  
AL10 0ES

By email: [REDACTED]

26 September 2024

Dear Ms McCormick,

Thank you for the Regulation 28 report of 15 July 2024 sent to the Department of Health and Social Care about the death of Megan Leanne Davison. I am replying as the Minister for Patient Safety, Women's Health, and Mental Health.

Firstly, I would like to say how saddened I was to read of the circumstances of Megan's death and I offer my sincere condolences to her family and loved ones. The circumstances your report describes are very concerning and I am grateful to you for bringing these matters to my attention. Thank you for the additional time provided to the department to provide a response to the concerns raised in the report.

You have raised concerns about the treatment pathway for Type 1 Diabetes with Disordered Eating (T1DE) and Diabetic Ketoacidosis (DKA), the lack of a local integrated healthcare system for patients with diabetes and disordered eating and the development of shared clinical records across NHS and private providers.

In preparing this response, departmental officials have made enquiries with NHS England and Hertfordshire and West Essex Integrated Care Board.

I would like to assure you that since Megan's death, NHS England has provided funding for eight Integrated Care Boards (ICBs) across the country to support the development and establishment of T1DE services in every NHS region. Patients in Hertfordshire and West Essex are able to access these pilot services.

To support greater understanding, NHS England invested £4.5m in pilots to test, trial and evaluate the effects of integrated diabetes and mental health pathways for the identification, assessment and treatment of people with Type 1 diabetes and disordered eating.

Central to the service model delivered in the eight pilot sites, which are distributed in each region of the country, is delivery of a model treatment and care pathway that integrates various healthcare disciplines, including diabetes and mental health to address the complex nature of T1DE. Funding has been provided on a pump prime basis and the responsibility for the longer-term sustainable provision of care for these patients sits with Hertfordshire and West Essex Integrated Care Board.

A nationally commissioned evaluation has shown the positive impact that the provision of T1DE services can have for patients, including reductions in HbA1c, which is linked to reduced rates of diabetes complications, and reduced rates of emergency admissions.

It is expected that ICB leads should consider these evaluation findings in making decisions about the future provision of T1DE services.

NHS England is drawing on learning from existing T1DE services, other emerging evidence and the findings of the recent 'Type 1 diabetes and disordered eating' parliamentary inquiry on the 23 January 2024, to ensure all areas of the country are supported to improve care for those identified as having T1DE. The emergence of these future plans are subject to future spending review settlements for the NHS and level of funding from the NHS England budget allocated to T1DE.

Evaluation by the NHS of the initial Type 1 Diabetes with Disordered Eating service (T1DE) pilot sites (in London and Wessex) demonstrated a mean reduction in HbA1c of between 2.3% to 2.5%. Assuming that this level of reduction is maintained, the lifetime QALY gain of these services was estimated at 1.49, which would be cost effective up to a net lifetime cost of £29,800-£44,800.

In response to these initial evaluation findings, NHS England expanded the T1DE programme, supporting provision of new services in an additional five sites from September 2022, expanding coverage to more areas of the country. It is expected that these services will generate further evaluation data to consolidate these early findings, which can be used to inform national and local policy decisions.

NHS England is also working closely with the first wave of pilot sites including London to ensure that the newer services can benefit from their learning and experience when considering local funding options in advance of March 2025, when the national funding for the five new sites will come to an end.

NHS England is assisting ICBs to develop local funding arrangements through the provision of evaluation data, a national programme of support workshops, and an online platform to share learning and good practice.

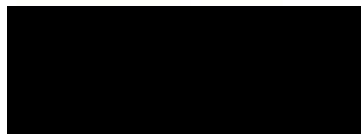
With regard to the lack of a local integrated healthcare system for patients with diabetes and disordered eating in East and North Hertfordshire, it is essential that mental health services meet patients' physical as well as their mental healthcare needs either through their own appropriately qualified and experienced staff or in partnership with other providers. This requires mental health workers to be provided with adequate training and guidance on monitoring physical health, and importantly how to escalate and respond to concerns as needed.

The ICB commissions diabetes services and in East and North Hertfordshire and there is collaborative working between community and acute diabetic teams, with a history of shared clinical posts. In General Practice, the ICB has invested in improvements in diabetic care as well as enhanced physical health checks for people with mental health conditions. Investment has also been made into Talking Therapies for people with long term physical health conditions, including diabetes. The ICB has worked with local mental health providers to improve access and care for people with an eating disorder or disordered eating, with associated additional community service transformation funding.

Thank you for also highlighting your important concerns about the pressures on NHS mental health services, the interface between private practitioners and NHS providers and the sharing of medical information between the two. I note that your report has also been sent to the Hertfordshire and West Essex Integrated Care Board as this is a local matter and I would expect that the ICB will want to ensure the appropriate steps are taken in response.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

All good wishes

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