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[redacted]

**17th August 2026**

[redacted]

Dear Mr Thompson,

**Re: Regulation 28 Report to Prevent Future Deaths – Scott Alan Taylor who died on 12th May 2023.**

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 6th July 2026 concerning the death of Scott Alan Taylor on 12th May 2023. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Mr Taylor's family and loved ones. NHS England is keen to assure the family and yourself that the concerns raised about Mr Taylor's care have been listened to and reflected upon.

Your Report raises concern about the lack of specialist tertiary centres for treatment-resistant Obsessive Compulsive Disorder (OCD) in the United Kingdom. The centres that are available are located in London and the South East, making it more difficult for those living in other parts of the country to access treatment.

The NHS England Highly Specialised Service for Severe Obsessive-Compulsive Disorder (OCD) and Body Dysmorphic Disorder (BDD) caters to both adults and adolescents suffering from these debilitating conditions. This service provides intensive, evidence-based treatments to patients with severe forms of OCD and BDD who have not responded to previous treatments in their local and regional healthcare settings. The National Service is only deemed to be applicable to those who have reached Step 6 severity in the NICE clinical guidelines CG31 requiring intensive treatment and inpatient services.

The service is delivered across five integrated centres, within three separate NHS Trusts and in the private sector (the Priory Hospital North London), providing a comprehensive treatment pathway for the most complex cases. NHS England has commissioned 36 inpatient beds nationally across these five specialist centres, most of which are adult services.

The five national specialist centres for the NHS England Highly Specialised Severe OCD/BDD Service are:

1. South London and Maudsley NHS Foundation Trust (SLAM) – Adult Service

2. South London and Maudsley NHS Foundation Trust (SLAM) – Child and Adolescent Service
3. Hertfordshire Partnership University NHS Foundation Trust (HPFT) – Adult Service
4. The Priory Hospital North London – Adult Service
5. South West London and St George's Mental Health NHS Trust (SWLSTG) – Adult Service

These centres provide a range of services including out-patient treatment, intensive out-patient and home-based treatment including intensive liaison with local community mental health teams and telephone monitoring, residential unit treatment and inpatient treatment (for patients who require 24-hour nursing care). The centres are designed to cater to the needs of both adults and adolescents with severe OCD and BDD. However, it is important to note that the national centre services require collaboration and ongoing active specialised intervention with the local mental health services, care co-ordinators, general practitioners and other multi-disciplinary teams already involved with the patients who are referred.

**Commissioning and Service Model**

The national service operates in line with NICE guidelines, which recommend a stepped care model of mental health intervention for OCD and BDD, where treatment intensity is gradually increased based on patient needs and treatment history. This model ensures that patients with the most treatment refractory forms of these disorders are referred to the national service after exhausting appropriate treatments in lower tiers of care.

Key service provisions include:

- Inpatient, residential, home-based, and outpatient services: tailored to meet the needs of both adults and adolescents across various levels of care intensity. The service currently offers 36 inpatient beds nationally, ensuring access to intensive care for the most severely affected patients.
- Multidisciplinary teams: led by consultant psychiatrists, these teams provide specialised interventions, including Cognitive Behavioural Therapy (CBT) and pharmacotherapy, augmented, when necessary, by antipsychotic or dopamine blocking medications.
- National referral pathway: patients referred to the service are required to have ongoing care from their locality's mental health teams, ensuring continuity of care before, during, and after treatment in the national service. Referral pathways into the service typically come from secondary or tertiary care, and patients are referred by senior members of their local mental health team. Referrals must include active involvement from the patient's care coordinator and consultant psychiatrist, who manage the patient's overall psychiatric care and associated risks during the referral and waiting phases. Ongoing coordination with local mental health teams is critical for ensuring continuity of care throughout the treatment journey. The national service leads from each service centre hold monthly case allocation meetings where new referrals are reviewed and assigned to the centre that

best meets the patient's clinical needs. Once a patient is accepted, there may be a waiting period before treatment begins, and waiting times for assessment and treatment vary depending on the centre and the type of care required.

**Geographic Distribution and Capacity**

It is correct to note that all five specialist centres are concentrated in the South East region, with four of them located in London. This distribution is not a deliberate policy choice but reflects the availability of providers with the necessary expertise to deliver this highly specialised care. While this concentration allows for the delivery of high quality, evidence-based treatment from recognised centres of excellence, it may pose challenges in terms of access for patients located in other regions of England. This geographic concentration underscores the importance of ongoing collaboration with local mental health services to manage care coordination and ensure equitable access.

Additionally, due to the highly specialised nature of the National OCD and BDD service, it is not feasible for this service to have specialist centres in every region across the United Kingdom, or for the specialised care to be delivered in more generalised healthcare settings. This is true for most specialist services in the NHS e.g. specialist cancer treatment centres, neurosurgery and ophthalmology, where the concentration of expertise and resources is necessary to provide the highest quality care. Patients are referred to these specialist centres from all over the UK to access the expert treatment they require.

For the national specialist OCD/BDD services, there is no separate commissioning provision within the service specification for providers or NHS England to routinely fund patients' travel to access treatment.

As with other NHS services where patients may need to travel outside their local area to access specialist care, responsibility for travel costs does not automatically sit with the commissioning service. There are, however, established NHS arrangements through which eligible patients may receive support. This includes the Healthcare Travel Costs Scheme for patients who meet the relevant eligibility criteria, and NHS-funded patient transport services where an individual has a qualifying medical need for transport. Providers should therefore ensure that patients are appropriately signposted to the relevant arrangements and supported to understand what assistance may be available to them.

Given the highly specialist nature of OCD/BDD services, it is recognised that some patients will necessarily need to travel significant distances to access nationally commissioned expertise. Providers should take this into account when planning care and, where clinically appropriate and consistent with the commissioned model, consider how elements of assessment, follow-up or ongoing care can be delivered in ways that minimise unnecessary travel. This does not, however, create a general entitlement to NHS-funded travel or transfer responsibility for routine travel costs to the specialist service.

I would also like to provide further assurances on the national NHS England work taking place around the Reports to Prevent Future Deaths. All reports received are discussed by the Regulation 28 Working Group, comprising Regional Medical Directors, and other clinical and quality colleagues from across the regions. This ensures that key learnings and insights around events, such as the sad death of Mr Taylor, are shared across the NHS at both a national and regional level and helps us to pay close attention to any emerging trends that may require further review and action.

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