Government response to the recommendations of the Public Administration and Constitutional Affairs Committee's Seventeenth Report of Session 2017-19: Ignoring the Alarms follow-up: Too many avoidable deaths from eating disorders

Presented to Parliament
by the Secretary of State for Health and Social Care
by Command of Her Majesty

13 August 2019

CP 105

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Introduction

On 18 June 2019, the House of Commons Public Administration and Constitutional Affairs Committee (PACAC) published its report Ignoring the Alarms follow-up: too many avoidable deaths from eating disorders[1]. The report sets out conclusions and recommendations across six areas.

The Committee launched its inquiry to highlight the findings of the Parliamentary and Health Service Ombudsman's (PHSO) Ignoring the Alarms: How NHS eating disorder services are failing patients[2] report and to investigate what progress had been made in implementing the report's wider recommendations.

The government welcomes the scrutiny of the Committee in this important area and its subsequent report.

Eating disorders are serious, life-threatening conditions with some of the highest mortality rates of any mental health disorder. Early intervention is vital and we recognise how important it is that everyone with an eating disorder can access quick, specialist help when necessary.

Improving eating disorder services is a key priority for the government and a fundamental part of our commitment to improve mental health services.

We are working closely with our arm's length bodies and stakeholders, who have been referenced in the Committee's inquiry, to implement the PHSO recommendations.

This document sets out the government's response to the Committee's conclusions and recommendations.

Annex A provides a progress update against each of the PHSO recommendations, and where further activity is planned.

[1] https://publications.parliament.uk/pa/cm201719/cmselect/cmpubadm/855/855.pdf
[2] https://www.ombudsman.org.uk/sites/default/files/page/ACCESSIBILE%20PDF%20-%20Anorexia%20Report.pdf

Training of doctors and other medical professionals

1. We conclude that there is a serious lack of training for doctors about eating disorders and the treatment of eating disorder patients, as evidenced, for example, by GPs relying on BMI as a sole indicator of whether people can access treatment for eating disorders, contrary to published guidance. This is particularly important because preventing patients from receiving treatment for eating disorders by reference to single measures such as BMI prevents the access to early treatment which can help prevent a patient from becoming seriously ill. While the number of hours spent in training does not on its own determine the competence of clinicians, two hours of training on such a complicated topic is insufficient. (Paragraph 16)

2. The steps taken by the General Medical Council (GMC) in support of the PHSO's recommendation are welcome. While we acknowledge the limits of the GMC's powers, the GMC has a strong influencing role to play, which would recognise the urgency of taking this work forward. We look forward to receiving a summary from the General Medical Council of the responses they have received from medical schools about the way eating disorders are taught. We recommend the GMC acts on this information and uses the responses received from medical schools to identify examples where education has not been effective, to share best practice where it is identified and overall use its influence to ensure that medical schools improve outcomes in relation to eating disorders. We recommend that the GMC undertakes to write again to medical schools after one year to find out what changes to medical student training have been implemented. (Paragraph 28)

3. We recognise that for eating disorder training to improve postgraduate training is also critical. We agree with witnesses who identified the need for greater cross-college working to ensure eating disorders are included in relevant curricula and support the Academy of Medical Royal Colleges' work in coordinating a discussion between relevant specialties and colleges on sharing resources. We note that participants in the informal seminar highlighted the importance of training for General Practitioners in this context. We recommend that the Academy should also coordinate the necessary actions arising from this work and report on how the learning from these discussions are implemented. (Paragraph 29)

We welcome the scrutiny and challenge from the Committee on the training available to doctors in relation to eating disorders. It is very important that patients are supported when they seek help for an eating disorder, and the awareness of GPs and other doctors is critical to ensuring this early support is delivered as effectively as possible.

The Committee's report and individual cases underline the importance of ensuring doctors receive adequate training in this area. It also rightly identifies that the system of medical education is a complex one, where different organisations have varying areas of responsibility.

The General Medical Council (GMC) provided comprehensive written evidence to the Committee on their role in providing oversight of doctors' education and training, to become a registered doctor in the UK. Their evidence explained the roles of different organisations in training medical students, foundation doctors and specialist training. Common across all of these stages of UK education and training, the GMC require medical students and doctors to be able to identify vulnerable patients – including those with physical and mental health related conditions and where lifestyle and environmental issues are contributing to ill health.

The GMC are driving forward work across the organisations involved in all of the stages of doctors' training to understand training provision for eating disorders. Discussions are underway between the GMC, Department of Health and Social Care and the Royal Colleges to look at ways of increasing trainee doctor exposure to eating disorders to develop their knowledge and skills in this area.

The GMC wrote out to every medical school in the UK in April 2019 to seek their views on how eating disorders are currently taught in curricula, the relationship between this teaching and wider topics and the exposure medical students get to eating disorders as part of their clinical attachments. The GMC will use the responses it receives to develop a clearer view of the coverage of eating disorders at undergraduate level and how the complex themes are socialised among students at the earlier stages of education. The GMC will share a summary of these findings with the Committee and relevant stakeholders. This will include the Medical Schools Council and medical schools themselves, who the GMC will continue to engage with on developing a common approach to changes.

The postgraduate medical training foundation programme ensures that newly qualified doctors demonstrate their ability to learn in the workplace, develop their clinical and professional skills in the workplace in readiness for core, specialty or general practice training. Foundation Year 1 and Foundation Year 2 junior doctors are required to do 6 four-month posts across two years and these will usually include one placement in a community setting such as general practice or psychiatry. These placements provide a wide range of opportunities to gain knowledge and experience of any aspect of health and mental health. See also recommendation 13.

The curricula for postgraduate speciality training are currently being reviewed by the GMC and Health Education England (HEE) and their counterparts in the Devolved Administrations, through the Curriculum Oversight Group which includes representation

from the Shape of Training Review Group. This work is expected to be completed by 2020/21.

The Academy of Medical Royal Colleges (AoMRC) welcomes the recommendation that it coordinates discussion between relevant specialties and colleges on sharing resources to ensure cross-college working, in order to ensure eating disorders are included in relevant curricula. It is noted that the Academy Foundation Curriculum contains provisions for eating disorder training and identification.

On 30 May the Joint Academy Training Forum, which has representation from all colleges, held a meeting where it was agreed that colleges and faculties would identify where eating disorders are covered in their curricula. Taking the work forward, it will identify how to share and develop educational and learning resources to ensure eating disorders are included in relevant curricula. The Joint Academy Training Forum will work with the GMC in this area and report on how this learning can be implemented.

Given the crucial importance of effecting change in this area, the GMC will continue to progress this work with the AoMRC and others to monitor changes.

National Institute for Health and Care Excellence (NICE) and NHS England's commissioning guidance for eating disorder services are both clear that eating disorder treatment should not be based solely on the grounds of weight or Body Mass Index. NHS England have commissioned the National Collaborating Centre for Mental Health at the Royal College of Psychiatrists to work with the Adult Eating Disorder Expert Reference Group to develop guidance and helpful resources to provide clinicians with clarity on the referral pathway for specialist services.

4. There must be wider take up of the Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN) guidelines. They are a vital tool to promote active communication and consultation between psychiatric services, including eating disorder and liaison psychiatry, and medical services and includes for quick reference an all-age checklist for use by clinicians. These guidelines are lifesaving for people who have anorexia nervosa. We recommend that Health Education England should work with NHS England to improve uptake of the MARSIPAN guidance by practitioners, particularly practitioners who are not specialists in eating disorders, and the Care Quality Commission should ensure that the MARSIPAN guidelines are being adopted at all levels in NHS England. (Paragraph 32)

NHS England and NHS Improvement are developing guidance for commissioners and providers to aid the development of eating disorder services for adults. This will include detail on the importance of the use of the MARISPAN tool by services and will recommend its use.

NHS England have also added a service development improvement plan to mental health provider contracts to support the appropriate management of people with anorexia in acute medical service settings in line with MARSIPAN guidance.

Furthermore, NHS England will consider the inclusion of MARSIPAN training within the workforce development programme that will be developed over the course of 2019/20 to support improvements in treatment and support for adults with eating disorders.

The Care Quality Commission (CQC) does not have any legal regulatory or monitoring remit over NHS England and as such is not empowered to ensure that NHSE adopts any particular policy or guidelines. However, the CQC is engaged with NHS England's Eating Disorder Advisory Group and is willing to work with that group on any proposals to establish concrete expectations, and measurable outcomes that could be used.

The quality and availability of adult services, and the transition from child to adult services

5. We welcome the increased funding for mental health within the NHS long term plan but we recommend that NHS England set out how much of this funding will be specifically allocated to adult eating disorder services. but we recommend that NHS England set out how much of this funding will be specifically allocated to adult eating disorder services (Paragraph 45)

6. We support NHS England's plans to transfer investment from inpatient services to community care which has the potential to deliver greater value for money. Better community service provision is essential not only to help prevent people from becoming so ill that they need hospitalisation but also to support people who are discharged from hospital, to avoid relapsing and therefore requiring further hospitalisation. Although we accordingly welcome greater funding for community services, NHS England must also ensure that there is adequate inpatient capacity. (Paragraph 46)

7. In our informal seminar with people who had lived experience of eating disorders, we were told there was potential for more involvement of family or carer support in adult eating disorder services. Though we recognise this is a complicated matter, such support can be extremely important for people with eating disorders. (Paragraph 47)

8. We welcome the steps that have already been taken and that the NHS is piloting the introduction of a four-week waiting time target for adult and older adult community mental health teams, which has the potential to improve the provision of services for patients. We hope this will be transformed from a pilot to an appropriately funded business as usual target. (Paragraph 49)

As part of the NHS Long Term Plan, work will be undertaken on improved pathways for adults with eating disorders, with selected test sites receiving Transformation Funding from this year onwards to implement innovative models of services that will maximise access and minimise waits to improve patient care and outcomes. Transformation Funding will be available to all sustainability and transformation partnerships (STPs) from 2021/22 onwards. Through the 5-year planning for the NHS Long Term Plan, areas will be asked to plan for the development of these services. The amount local areas invest in eating disorder services will depend on a testing phase this year and next year.

NHS England and NHS Improvement will be rolling out new care models in the mental health programme, delegating specialised commissioning budgets for adult eating disorder

inpatient services to NHS-led provider collaboratives. These collaboratives will have the power to transform pathways of care and maximise access to dedicated community eating disorder provision to avoid need for admissions as far as possible. Adult eating disorder services are included in the ambitions to roll out NHS-led provider collaboratives across 75% of the country by 2020/21 and 100% by 2023/24. NHS England disseminated a demand and capacity review to regional teams which provides regional population-based information to inform commissioning discussions regarding inpatient and non-inpatient capacity requirements.

NHS England and NHS Improvement are developing guidance for commissioners and providers to aid the development of eating disorder services for adults and to inform STP plans for transformation of community services for adults with eating disorders. This guidance will highlight the importance of co-production at every level from treatment to service developments and commissioning plans and includes a section on the involvement and support to be offered to a person's family, partner, carer, friends and their wider support network.

As part of a broader programme of work on community based mental health care for adults, alongside work to explore the effectiveness of different approaches to integrated delivery with primary care, NHS England will test four-week waiting times for adult and older adult community mental health teams with selected local areas to build our understanding of how best to introduce ambitious but achievable improvements to access, quality of care and outcomes. In doing so, NHS England will also consider the interfaces with specialist community mental health services, particularly where there is an existing evidence base for rapid direct access (such as eating disorders).

Learning from these test sites will inform discussions about a suitable timeframe for implementation of any future access and waiting time targets, for core community provision or for specialist provision.

9. Although there are a number of welcome ambitions to improve quality and availability of adult eating disorder services, it is clear that there has not yet been delivery of substantive improvements in that provision. Accordingly we find it disturbing that the Government claims that the PHSO's recommendation on achieving parity of adult eating disorder services with child and adolescent services has been implemented, when this it is clear that this is not the case. This work must be done and this should be championed by the PHSO Delivery Group. As part of its work under this PHSO recommendation, we recommend the NHS have particular regard to ensuring the needs of autistic patients are met. (Paragraph 50)

A number of positive actions have been taken forward to address the PHSO's recommendation two - "the Department of Health and NHS England should review the existing quality and availability of adult eating disorder services to achieve parity with child and adolescent services".

In 2017, NHS England commissioned NHS Benchmarking to collect data on levels of provision across community and inpatient services for adults with an eating disorder in 2016/17. Data collected on activity, workforce and costs of adult eating disorder services were used to inform modelling on the future expansion of community-based eating disorders within the NHS Long Term Plan. This is why we assessed this PHSO recommendation as "implemented" in our written evidence to the Committee.

We fully acknowledge that parity between adult and child and adolescent eating disorder services has not yet been achieved but further action is in train.

The next phase of NHS England's work will be to 'pump prime' a selection of innovative models of services for adults with eating disorders across the country. As outlined in our response to recommendations 5-8, selected pilot sites will work towards maximising access and minimising waits to improve patient care and generate learning about how to achieve greater levels of parity with children and young people eating disorder services over the course of the NHS Long Term Plan.

The pilot sites will be funded for two years across 2019/20 and 2020/21, and NHS England and NHS Improvement will set up monitoring and evaluation processes to generate learning from those sites. This learning will be shared with all STPs who will be asked, via the mental health implementation framework, to set out how they will transform community services for adults with eating disorders over the course of the NHS Long Term Plan. This learning will also inform NHS England's understanding of a realistic timeline for development of services to achieve parity.

In parallel to this, NHS England have commissioned guidance on optimum service models for adults with eating disorders to support providers and commissioners to develop plans for service transformation. This guidance is due for publication over the summer.

In order to champion work to improve adult eating disorder services, NHS England and NHS Improvement have convened and chaired a Delivery Group with all the arms' length bodies named in the PHSO report and implementation partners. The group will oversee the delivery of PHSO's recommendations and jointly co-ordinate delivery. This forum is used to challenge and support each organisation, holding each other to account for the delivery of the PHSO recommendations.

NHS England and NHS Improvement will consider the training requirements associated with improving treatment and support for autistic adults with eating disorders in the delivery

of reasonable adjustments to provide person centred care for people with co-morbid learning disabilities and autism.

10. NHS England established an Adult Eating Disorder Expert Reference Group, chaired by Professor Tim Kendall and Jess Griffiths, an expert by experience, to help review the data and modelling for the NHS Long Term Plan. We Commend NHS England for establishing the Adult Eating Disorder Expert Reference Group to help review data and modelling for the NHS Long Term Plan but the Government must publish the Expert Reference Group's report as soon as possible. If the Group's report has not been published by the time the Government publishes its response to our report, the Government should provide a timeline for the publication of the Expert Reference's Group's report in that response. (Paragraph 53)

The output from the work of the Expert Reference Group is the guidance referred to above, which NHS England and NHS Improvement intend to publish and disseminate over the summer. It is aimed at commissioners and providers, to aid the development of effective eating disorder services for adults.

11. A lack of precise information on the prevalence of eating disorders is shocking, given the claims that up to 1.25m people are suffering from eating disorders and the fact that eating disorders have the highest mortality rate of mental illnesses. This vagueness limits the ability of NHS commissioners to gauge what services need to be provided and encourages them to devote resources to better recorded diseases and conditions. We welcome the inclusion of SCOFF (the eating disorder screening tool) in the 2019 Health Survey England to improve this information about the prevalence of eating disorders but recommend as a matter for urgent action that NHS England commissions a national population-based study to accurately assess the number of people who have eating disorders. It is essential such research does not simply look at the numbers of people who have been diagnosed with eating disorders, the evidence we have heard suggests that eating disorders are under-reported and are inherently secretive conditions. (Paragraph 57)

We share the Committee's view that there needs to be improved information about the prevalence of eating disorders. This why we have included the SCOFF eating disorder questionnaire in the 2019 Health Survey England. Fieldwork on the 2019 Health Survey England started in January 2019 and is due to finish in January 2020, with the report scheduled for publication in December 2020. The eating disorder module is included in the survey's paper self-completion questionnaire. As this is completed by the individual themselves it should help to mitigate the risk of under-reporting.

We believe that using this approach will be more effective and result in more timely data than if a new bespoke survey was commissioned and conducted. We will however keep this under review.

Coordination of services

12. We welcome the inclusion of coordination in the new NICE quality standard on eating disorders but further work is necessary to embed those standards. We recommend that the PHSO Delivery Group, as part of its work, commission an audit of the extent of implementation of the NICE guidelines. This could be completed over the next few months (before we report again on this topic - see paragraph 84 below). (Paragraph 62)

The Quality Network for Eating Disorders[3] (QED) at the College Centre for Quality Improvement works with services to assure and improve the quality of care through setting standards, engaging services in an accreditation system, and using these to measure and improve the quality of care. The QED is currently developing standards of accreditation for community eating disorder services, which incorporate the eating disorders NICE guideline (NG69)[4], the Quality Standard and the PHSO report.

Given this activity, the PHSO Delivery Group does not have any plans to commission an audit on the use of the NICE quality standard at this stage. The group will keep this under review.

[3] https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/eating-disorders-qed
[4] https://www.nice.org.uk/guidance/ng69

User training to address gaps in provision of eating disorder specialists

13. All junior doctors should complete a four-month psychiatry placement and we welcome the Minister's support for this proposal. Such placements should include exposure to eating disorders. We recommend Health Education England take this recommendation forward and assess whether it is possible to ensure each such placement includes exposure to patients with eating disorders. (Paragraph 68)

14. We welcome the efforts of Health Education England to develop competency within the wider workforce in relation to eating disorders. People with eating disorders can present in a variety of circumstances and through a number of different pathways, therefore improving the wider workforce's knowledge of eating disorders can significantly improve the early detection and provision of support for people with eating disorders. This work should specifically consider the provision of training to nurses and nurse practitioners. Health Education England should take steps to facilitate the delivery of such training by people who have lived experience of eating disorders. In circumstances where that is not viable, solutions such as online training should be pursued. (Paragraph 69)

The government agrees that mental health should be an integral part of medical education and training so that all junior doctors have the necessary knowledge and experience of mental health to assess patients holistically, considering the individuals' physical, social and psychological needs.

That is why all newly qualified doctors, as a condition of their registration with the GMC, must explain and illustrate by professional experience the principles for the identification, safe management and referral of patients with mental health conditions.

To support work towards addressing the Committee's recommendation, the GMC will host a roundtable with HEE, NHS England and NHS Improvement, key bodies within the Devolved Administrations, the AoMRC and individual royal colleges, the Medical Schools Council and other key bodies. This will include an assessment of the gaps in current mental health training in the context of eating disorders for junior doctors and options for addressing these gaps. The government is committed to provide the best training experience for all junior doctors and will work with the GMC and relevant stakeholders to ensure junior doctors receive the necessary mental health training to meet the current and future needs of patients.

To consider the wider workforce, HEE's national mental health programme has undertaken a project to scope eating disorder training of the national workforce, mapping what currently exists in order to understand existing training and professional presence/skills across the eating disorders pathway. The report from this project will inform future decisions and commissioning of training in the field of eating disorders to enable further service delivery capability.

As HEE moves to commission any additional eating disorder training, this will be co-developed with people with lived experience and ensure they are active and engaged participants in the training development and delivery.

Improving investigation and learning, in particular from serious incident investigations

15. Investigations into, and NHS learning from, serious incidents is essential to helping ensure that the circumstances leading to avoidable deaths do not reoccur. It is heartening to hear from the Care Quality Commission that some trusts are establishing more robust practices for investigating and learning from deaths but such change must be made throughout the whole of the NHS. Cultural change is essential to achieve this. We believe the Care Quality Commission's inspections provide one way for the NHS to determine the progress it is making in culture change; namely the shift from a closed and defensive blame culture to one of openness, willingness to hear and tell the truth, and to learning from mistakes to avoid future harm to patients. It is essential that the NHS moves from a culture which falls into short-term reputation management to one which facilitates open learning and longer-term improvements to service provision. The NHS should further consider how it can assess the progress it is making in changing the culture surrounding investigations and learning. Such cultural change must be regarded as a high priority. (Paragraph 78)

We agree that a patient safety culture is critical to supporting the learning from patient safety incidents. That is why the NHS Patient Safety Strategy[5] published on 2 July highlights the importance of a patient safety culture, describes its components, and signals what is needed to support its development. For example, the strategy notes that the need to nurture a just culture, where staff trust they will be treated fairly, and that the focus is on the 'systems' approach to safety rather than inappropriately blaming individuals. The strategy asks local systems to:

- use existing culture metrics like those in the NHS Staff Survey to understand their safety culture and focus on staff perceptions of the fairness and effectiveness of incident management
- focus on the development and maintenance of a just culture by adopting the NHS Just Culture Guide or equivalent
- embed the principles of a safety culture within and across local system organisations and align those efforts with work to ensure organisations adhere to the well-led framework and its eight key lines of enquiry

[5] https://improvement.nhs.uk/resources/patient-safety-strategy/

Progress on developing a safety culture will be supported by the introduction of the national patient safety syllabus and the designation of patient safety specialists, as well as wider mechanisms. Progress will be monitored through NHS Staff Survey metrics about fairness and effectiveness of reporting, and staff confidence and security in reporting. The introduction of proxy indicators for problematic cultures, such as levels of staff suspension and of anonymous incident reporting, will also be explored.

16. We welcome the initial work of Healthcare Safety Investigation Branch (HSIB) in investigating the causes of clinical incidents without attributing blame and in order to disseminate learning for the future and the seven-point "framework for professionalising safety investigations in the NHS. We call on the Government to introduce the Health Service Safety Investigations Bill as soon as possible in order to provide HSIB with statutory powers and independence, and to enable it to provide a statutory 'safe space' for clinicians and patients and their families to speak freely, like other safety investigation bodies. (Paragraph 79)

Last year, pre-legislative scrutiny was conducted on the draft Health Service Safety Investigations Bill by a joint committee of MPs and peers. The joint committee welcomed the 'safe space' principles. We welcome this support and have set out in response how we intend to respond to the joint committee's recommendations.

We are committed to bringing forward this legislation as soon as parliamentary time allows.

Final conclusions and recommendations

17. Welcome steps are being made in response to the PHSO's report, but sufficient progress has not yet been made in response to the PHSO's report. We agree with Dr Kendall's assessment that the PHSO Delivery Group needs to continue to meet. It is essential that there is a delivery body that has responsibility for ensuring these recommendations are taken forward. We recommend that the PHSO Delivery Group not be disbanded until it can report with confidence that all the recommendations have been implemented. (Paragraph 81)

18. We are encouraged by the Minister's and the Department of Health and Social Care's interest in this subject. They can play a critical leadership role in providing impetus to ensure timely progress is made on the PHSO's recommendations. A number of steps have been set out in the evidence we have received but we do not think there is enough urgency. Such urgency must reflect the fact that lives will continue to be lost under the status quo. There must accordingly be a clear picture of what actions will be delivered under each recommendation, what funding will be assigned to delivering those actions and by what timeframe those actions will be complete. In its response to this report the Government should produce a timeline against each of the PHSO's recommendations; what steps have been taken, what further steps will be taken under each recommendation and what funding will be allocated. These actions should have clear responsible owners and deadlines for completion. (Paragraph 83)

19. Once proceedings in court are finished, we plan to consider the PHSO's investigation of Averil Hart's case in greater depth. At that time, we will return to the PHSO's wider recommendations to assess what progress has been made. (Paragraph 84)

We welcome the Committee's acknowledgement of the important leadership role that government can play on this agenda. Much progress has been made to improve the care and treatment for those with eating disorders and co-existing mental health problems since the PHSO investigations took place in 2012 and its report was published in 2017. Despite these substantial developments there is still further to go and the NHS Long Term Plan has made a renewed commitment that mental health services will grow faster than the overall NHS budget, creating a new ringfenced local investment fund worth at least £2.3 billion a year by 2023/24.

We and the named lead delivery partners remain fully committed to implementing and completing the PHSO's recommendations. Annex A provides a summary on the progress being made in relation the PHSO's wider recommendations, and the proposed next steps.

The PHSO Delivery Group will remain in place until such time as the Chairs are content that all recommendations have been fully implemented.

The Minister for Mental Health, Inequalities and Suicide Prevention will continue to hold delivery partners to account for improving adult eating disorder services and delivering the PHSO recommendations.

We stand ready to provide further evidence as required to support the Committee's continued inquiry into progress on delivering the PHSO report recommendations.

Annex A - summary of progress and next steps on the PHSO wider recommendations

Recommendation one: training of doctors and other medical professionals

The General Medical Council (GMC) should conduct a review of training for all junior doctors on eating disorders.

Responsible owner: GMC

Steps taken:

- GMC sets outcomes for undergraduates prioritising themes relevant to eating disorders.
- GMC approved AoMRC foundation programme curriculum, including eating disorder requirements for foundation year two doctors.
- Eating disorders are included in a number of speciality curricula. Discussions have identified sharing knowledge between specialties as a way of helping to equip doctors to recognise, refer and treat these conditions.
- In June 2018, the GMC presented a progress update to the PHSO delivery group, and has been invited to all meetings of the group since and will continue to be involved in the future.
- In January 2019, a roundtable was held on improving mental health training for the primary care workforce. This was chaired by Claire Murdoch and Tim Kendall and included key organisations: HEE, NHS England, Royal College of General Practitioners, British Medical Association, MIND, and Universities UK. The group agreed to take forward actions to i) review and improve the mental health content of ongoing training and continuing professional development for GPs and practice nurses and ii) improve mental health training and time dedicated to practical experience across all training programmes for doctors (not just GPs) and nurses.
- The GMC supported Baroness Parminter in convening a parliamentary roundtable in March 2019 to discuss training provision for eating disorders and identify areas for more collaboration. Outputs included actions for the GMC, AoMRC, Deaneries and

HEE to ensure on-going development of junior and senior doctors to ensure quality training and continued professional development.

- In April 2019 the GMC wrote to every medical school in the UK seeking specific information about how eating disorders are currently taught and covered in curricula:
    - how eating disorders are currently taught and covered in curricula
    - the relationship between teaching on eating disorders and teaching in mental health, nutrition and physical health
    - the exposure medical students get to eating disorders as part of their clinical attachments

Next steps:

- The GMC will use the responses to its letter to medical schools to develop a clearer view of the coverage of eating disorders at undergraduate level and how the complex themes are socialised among students at the earlier stages of education. It will share a summary of these findings with the PACAC and relevant stakeholders later this year, including medical schools themselves.
- The GMC will continue to use its role to influence how eating disorders are covered in practice within undergraduate education and will continue to review progress on this as the committee recommends. The involvement of coordinating bodies such as the Medical Schools Council will be essential in influencing a common approach and consensus across medical schools.
- At postgraduate level, the GMC have asked royal colleges and faculties to identify where there are overlaps between specialities and where curricula content could be shared. The GMC will continue to work with the AoMRC, royal colleges and faculties, and other key partners to identify how guidance can be developed to support doctors across specialties. This work will take place alongside the ongoing curricula review that is due to finish by the end of 2020.
- AoMRC is also coordinating a discussion between relevant specialities and colleges on sharing resources and best practice. The Joint Academy Training Forum agreed that the Academy will produce a report in autumn 2019, to demonstrate and identify cross college work on eating disorders. This will also fit with the GMC's wish to see explicit identification of shared content across curricula.

Funding: no funding implications.

Timeline: the GMC does not have the powers to conduct a review in the way the PHSO recommends. In the place of such a review, the GMC will continue to progress this work with the AoMRC and others to monitor changes on an ongoing basis, through the next steps projects listed above and its role on the PHSO delivery group.

Recommendation two: the quality and availability of adult services, and the transition from child to adult services

The Department of Health and NHS England should review the existing quality and availability of adult eating disorder services to achieve parity with child and adolescent services.

Responsible owner: NHS England and Department of Health and Social Care

Steps taken:

- The NHS Benchmarking data collection on activity, workforce and costs of adult eating disorder services was completed by March 2018 and the data was used to inform modelling for the NHS Long Term Plan to improve access to effective treatment.

- The Adult Eating Disorder Expert Reference Group was established in June 2018 to develop resources to support the delivery of effective models of adult eating disorder care.

- The Department of Health and Social Care has confirmed that the SCOFF eating disorder module will be added to the 2019 Health Survey for England.

- NHS England have commissioned the National Collaborating Centre for Mental Health at the Royal College of Psychiatrists to work with the Adult Eating Disorder Expert Reference Group to develop guidance and helpful resources on effective models and costs of delivery, the staffing skill-mix required and quality measures and data metrics to demonstrate outcomes and test potential waiting time standards that will address inequity and create parity with children and young people eating disorder services.

Next steps:

- Continuation of the PHSO Delivery Group co-chaired by Jess Griffith, an expert by experience and trained therapist, and Tim Kendall. The group plans to meet three to four times each year.

- Publication of the NHS England commissioned guidance on optimum service models for adults with eating disorders to support providers and commissioners to develop plans for service transformation later this summer.

- Fieldwork for the 2019 Health Survey for England is due to conclude in January 2020, and the report is scheduled for publication in December 2020.

- Four-week waiting times for adult and older adult community mental health teams pilots to be funded during 2019/20 and 2020/21. Learning to be shared with other areas to inform STPs eating disorder transformation planning.

Funding: additional money is being invested into adult eating disorders as part of the long term plan for adult mental health and the process of allocating transformation funds for community mental health services (including eating disorders) is underway. Transformation funding will be available to all STPs from 2021/22. Through the 5-year planning for the NHS Long Term Plan, areas will be asked to plan for the development of these services. The amount local areas invest in eating disorder services will depend on a testing phase this year and next year.

Timeline: the review element of this recommendation is implemented – delivery partners will work on an ongoing basis to achieve parity with child and adolescent services taking forward the next steps actions above. The learning from the four-week waiting times for adult and older adult community mental health teams pilot sites will inform NHS England's understanding of a realistic timeline for development of adults eating disorder services to achieve parity with child and adolescent services.

Recommendation three: Improving coordination when more than one service is involved.

NICE should consider including coordination as an element of their new Quality Standard for Eating Disorders.

Responsible owner: NICE

Steps taken:

- NICE published a quality standard (QS175) in September 2018 to support the NICE clinical guideline on eating disorder (NG69 - updated and published May 2017). The quality standard also includes information on measuring progress against the

statements. The standard includes six statements and the focus of statements 5 and 6 is to improve the co-ordination of care:

  - Statement 5: People with eating disorders who are being supported by more than one service have a care plan that explains how the services will work together.

  - Statement 6: People with eating disorders who are moving between services have their risks assessed.

- To support implementation of the quality standard NICE is working with the following national partners:

  - CQC: NICE has developed a checklist in line with the quality standard, for inspectors to use when assessing services for people with an eating disorder

  - HEE: NICE is supporting HEE to deliver the recommendation in the PHSO report to review current training education and training to identify any gaps to ensure the findings align with NICE guidance and quality standards

  - Beat (Eating Disorder Charity), Royal College of General Practitioners, and Royal College of Paediatrics and Child Health have agreed to be supporting organisations for the quality standard and to promote the standard within their networks.

- The NICE field team have been promoting the quality standard via the mental health sustainability and transformation networks.

Funding: no funding required.

Timeline: this recommendation is complete.

Recommendation four: using training to address gaps in provision of eating disorder specialists

Health Education England should review how its current education and training can address the gaps in provision of eating disorder specialists we have identified. If necessary, it should consider how the existing workforce can be further trained and used more innovatively to improve capacity. Health Education England should also look at how future workforce planning might support the increased provision of specialists in this field.

Responsible owner: Health Education England (HEE)

Steps taken:

- The 2017 NHS Benchmarking data collection on activity, workforce and costs of adult eating disorder services is supporting the work of HEE.

- HEE is working with the Royal College of Psychiatrists to explore innovative training models to enhance the psychiatry workforce and address some of the current workforce gaps like credentialing opportunities in specialties such as eating disorders both in training as an additional skill to specialty training and as post training opportunities. HEE regional offices are also working with local partners to pilot specialty training models which improve trainee exposure to mental health conditions such as eating disorders.

- HEE concluded a mapping exercise in June 2019 on the existing training in evidence-based care and treatment interventions for adults with eating disorders and co-existing mental health problems. This scoping will ensure there is a greater awareness of existing staff skill set and develop a competency framework for staff and an on-line compendium of available training that staff can use to identify training in their local area that will help them meet any competency gaps. The aim is that this data will be used to inform and increase capabilities within the current workforce and capacity over the next 5 to 10 years.

Next steps:

- The GMC will host a roundtable with HEE, NHS England and NHS Improvement, key bodies within the Devolved Administrations, the AoMRC and individual royal colleges, the Medical Schools Council and other key bodies to further consider the PACAC's recommendation 13 (for all junior doctors should complete a four-month psychiatry placement).

- Findings from the existing training mapping exercise and their implications are currently being reviewed and analysed by HEE to identify gaps in current training provision and identify examples of good practice that might be suitable for upscaling nationally as part of skilling up the workforce. These findings, alongside data from HEE regions concerning any current training commissions to consolidate gaps and best practice analysis of training, will be triangulated and used to inform the shape of future commissions for 2020/2021. HEE aim to complete this data triangulation by the end of August 2019.

Funding and Timeline: to be determined – following HEE's analysis of their mapping exercise findings and regional data. Costings will be worked through as part of the work to inform future commissions for 2020/2021.

Recommendation five: Improving investigation and learning, in particular from serious incident investigations

Both NHS Improvement and NHS England have a leadership role to play in supporting local NHS providers and CCGs to conduct and learn from serious incident investigations, including those that are complex and cross organisational boundaries. NHSE and NHSI should use the forthcoming Serious Incident Framework review to clarify their respective oversight roles in relation to serious incident investigations. They should also set out what their role would be in circumstances like the Hart's, where local bodies are failing to work together to establish what has happened and why, so that lessons can be learnt.

Responsible owner: NHS England and NHS Improvement

Steps taken:

- NHS Improvement conducted an engagement exercise to inform a review of the Serious Incident Framework for the NHS between April and July 2018.
- Over 400 stakeholders engaged with the consultation and workshops were held.
- The NHS England Patient Safety Team are working closely with NHS regional teams to design a new system for oversight and support for incident management, including incidents that may require cross system investigation. This is taking place alongside the work to develop new regional functions (including the current functions of the four regional independent investigation teams that commission independent investigations following mental health homicide related incidents) as part of the wider NHS Improvement and England integration programme.
- The NHS Patient Safety Strategy: Safer culture, safer systems, safer patients was published on 2 July 2019.

Next steps:

- The Serious Incident Framework is to be replaced with a new framework for responding to patient safety incidents. The new framework will be published in the summer of 2019.

- A phased approach will be taken to implement the new framework. This will involve the national and regional patient safety leads working closely with several local system during 2019 and 2020 to learn more about how the new expectations are best implemented. The practical knowledge and insight gained will be shared and used to support the rest of the system to introduce the new framework by summer 2021.

Funding: while the experience of the early adopters will inform the wider implementation, the current assumption is that organisations will use existing resources currently focussed on compliance with the Serious Incident Framework to implement the new framework.

Timeline: this recommendation and supporting work be completed by July 2021 - once the new framework has been introduced to the whole system.

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