SUGGESTED PARLIAMENTARY QUESTIONS

About eating disorders

Eating disorders are serious, life-threatening mental illnesses affecting an estimated 1.25 million people in the UK, though recent data suggest that the true figure may be even higher. Eating disorders can affect individuals of any age, gender, ethnicity, or background, and carry high mortality rates. Anorexia nervosa, for example, has the highest mortality rate of any mental illness, and research shows that 1 in 6 people with binge eating disorder have attempted to end their life. These statistics highlight the urgency of providing effective and accessible treatment options for those affected.

Growing demand and rising hospital admissions

Eating disorder services in the UK are facing significant challenges. The recent Lord Darzi report highlights an 82% increase in hospital admissions for children and young people with eating disorders since 2019/2020. This rapid rise reflects the increasing strain on the healthcare system and the growing need for effective, sustainable treatment options. Currently, a large portion of the NHS budget for eating disorder care is allocated to inpatient services, despite community-based treatments offering similar outcomes at a fraction of the cost.

Intensive community and day treatment as a preferable and cost-effective alternative

Beat's report, *There's No Place Like Home*, provides evidence-based recommendations for expanding intensive community and day treatments, demonstrating that these services offer a viable and preferable alternative to inpatient care. Intensive community and day treatments provide equivalent outcomes to inpatient admission and are generally preferred by patients and their families. These treatments empower families, allowing individuals to remain connected with their communities and supporting sustainable, long-term recovery. This approach also aligns with the Government's ambition for a strategic shift towards providing care closer to home, as recommended by the Darzi report.

Data from NHS England emphasises the financial benefits of community-based care:

- Cost comparison: According to NHS England, the average daily cost of a Child and Adolescent Mental Health Service (CAMHS) inpatient admission (£1,573 per day) is over three times higher than that of CAMHS day treatment (£462 per day).

- Potential savings: By investing in intensive community and day treatments, the NHS can minimise admissions and achieve significant cost savings. For example, the North Central and East London CAMHS Provider Collaborative achieved a 50% reduction in admissions to specialist eating disorder beds. These savings can be reinvested to enhance service provision and expand access to care, ensuring better outcomes for patients and more efficient use of resources.

Gaps in service provision

However, only 1 in 6 NHS Integrated Care Systems (ICS) in England currently offer intensive community and day treatments that meet the recommended level of intensity and programme design for both children and young people, and adults. This leaves most areas underserved. The disparity is especially pronounced in rural areas, where patients often lack access to appropriate care close to home.

Suggested Parliamentary Questions

1. To ask the Secretary of State for Health and Social Care, given the considerable cost savings and equivalent outcomes of intensive community and day treatments for eating disorders relative to inpatient care, what steps the Government will take to ensure expansion of these services to all NHS Integrated Care Systems.

Context:

With NHS budgets largely directed towards high-cost inpatient services, there is a need for a more cost-effective approach. Intensive community and day treatments can deliver equivalent outcomes to inpatient stays, are less disruptive, and offer substantial cost savings. Given that the Darzi report has highlighted the rising pressures on services, and that Beat's report outlines practical recommendations for expanding community-based treatments, it is imperative for the Government to consider funding and expanding these options across all NHS regions.

2. To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that the NHS addresses regional disparities in access to community-based eating disorder treatments, especially for rural areas, so all individuals can access effective care on an equitable basis.

Context:
Currently, only a small percentage of NHS Integrated Care Systems (ICS) meet the recommended intensity and programme design for intensive community and day treatments. This gap creates significant regional disparities, particularly affecting rural communities, where individuals may be forced to travel long distances or miss out on appropriate care entirely. Community-based treatments align with NHS goals of care closer to home, as outlined in the Darzi report, and have the potential to bring high-quality care to underserved populations in a cost-effective way.

If you have any questions, please contact Thomas Freeston, Policy and Public Affairs Officer, t.freeston@beateatingdisorders.org.uk