Dear Chancellor,

I would like to offer you my congratulations on your appointment as Chancellor of the Exchequer.

We are pleased that the Government has already made a significant long-term commitment to invest at least an extra £2.3 billion in the running of NHS mental health services by 2023/24.

Mental health services are showing that when they are given the resources they need, they make a big impact on patients’ lives. More than 25,000 mothers were helped by the expanded perinatal services last year, and in the last two years, the number of children needing urgent help with an eating disorder seen within a week has risen by 17%.

The Government’s ambitious plans to further improve mental health care are reliant on improvements in two other areas of importance — the mental health workforce and the mental health estate.

The psychiatry workforce has been hit particularly hard by the NHS pensions problem and we were pleased to hear that you have launched an urgent review of the issue and look forward to seeing the outcome in the upcoming Budget.

Our latest workforce census showed that one in 10 consultant psychiatrist posts are unfilled in English NHS trusts. This rate has doubled in the last six years. Due to the tapered annual allowance, many psychiatrists have been forced to cut their hours, leave the pension scheme or retire early to avoid being hit with significant tax bills. We cannot afford to be losing psychiatrists to early retirement when we know there is a major shortage within the NHS.

Within psychiatry the ‘taper problem’ is made worse by some senior doctors having what is known as Mental Health Officer (MHO) status, a historical category applying to clinicians spending either the whole, or almost the whole, of their time in the direct care and treatment of patients with mental illness. MHO status means that each year in excess of twenty counts as two years for pension benefit purposes. This status is no longer awarded
but many of our most senior clinicians have it. This is causing an exacerbation of the pension problem, with experienced psychiatrists retiring early and being lost to the workforce. I do hope that the review being conducted by HM Treasury examines MHO status and that any proposed solution addresses this particular problem.

We cannot transform mental health services and make good progress on the ambitious plans in the Long Term Plan without greater investment in the mental health estate, much of which is not fit for purpose and putting patients at risk. A recent survey from NHS Providers has shown that two thirds of NHS mental health trusts will not receive the funding they need this year to invest in urgent repairs or upgrade their facilities.

The Independent Review of the Mental Health Act, commissioned by the Government, called for a major multi-year capital investment programme to modernise the mental health estate and for patients to be given the privacy of their own room.

We urgently need to see mental health getting its fair share of capital spending so patients can be treated safely and with dignity. This should start with a commitment to funding the £145 million backlog for high and significant-risk repairs within NHS mental health trusts and to give every patient who needs to stay in hospital for a mental illness their own private space to help proper recovery.

I look forward to hearing the results of the review of NHS pensions. I would very much appreciate the chance to meet with your officials before the spending review to discuss the long term capital needs of the NHS mental health estate.

With best wishes,

Yours sincerely

Wendy Burn
Professor
President